

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
---	------------------------	------------------	-------------------

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____	7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES
---	--

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: _____
- Other** (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Genealogy Correction Personal
- Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran: _____ (Relationship)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

3. AUTHORIZATION SIGNATURE WHEN REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

2. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)

Name	Signature Required - Do not print	Date
Street	() Daytime phone	() Fax Number
Apt.		
City	State	Zip Code
Email address		

Valley Mills Police Department

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Valley Mills Police Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____