

REQUEST FOR INFORMATION DISCLOSURE

PRIVACY ACT STATEMENT

AUTHORITY 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606; DoD Instruction 1030.1, Victim and Witness Assistance; Army Regulation 600-8-104, Military Personnel Information Management/Records; and E.O. 9397 (SSN).

PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

ROUTINE USES: For additional information see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>

DISCLOSURE: Voluntary, Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released.

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO ASSIST IN LOCATING THE REQUESTED RECORDS/DOCUMENTS.

SOLDIER INFORMATION

LAST NAME		FIRST NAME		M.I.
SSN	DOB	SERVICE NUMBER	DISCHARGE DATE	
RANK	UNIT			

REQUESTORS INFORMATION

NAME (Please Print)		
MAILING ADDRESS/STREET ADDRESS		PHONE NUMBER
CITY	STATE	ZIPCODE
RELATIONSHIP TO SOLDIER <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> NEXT OF KIN <input type="checkbox"/> OTHER		

INFORMATION/RECORDS REQUESTED

- DD 214
 NGB 22
 NGB 23
 MEDICAL RECORDS
 OTHER

THIS INFORMATION IS REQUESTED FOR

SIGNATURE	DATE
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CONTACT INFORMATION

US MAIL: Department of Defense Veterans and Emergency Management SHS #33, ATTN: RECORDS Augusta, ME 04333-0033	PHONE / FAX / E_MAIL: FAX: 207-626-4233 E-MAIL: rita.k.gossett.mil@army.mil TELEPHONE: 207-430-5027
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DO NOT COMPLETE - TO BE COMPLETED BY MEARNG RECORDS MANAGER

FILLED BY	DATE REQUEST FILLED
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