

GENERAL INFORMATION SHEET

1. Are **YOU** the Veteran? *Circle One Answer* Yes / No
2. Do you have your DD-214? *Circle One Answer* Yes / No
3. What is your Social Security Number? _____
4. What is your name (First, Last)? _____
5. What is your gender? Male / Female _____
6. What is your date of birth (MM/DD/YYYY)? _____
7. What is your phone number? (____) _____
8. What is your current address? (Note: must include city & zip)

9. When did you move to this address (MM/DD/YYYY)?

10. What is your email address? _____
11. If you are **NOT** the Veteran, what is your relationship to the Veteran?

 - a. What is YOUR Social Security Number? _____
 - b. What is your name (First, Last)? _____
 - c. What is your date of birth (MM/DD/YYYY)?

 - d. Where were you born? (City/State) _____
 - e. What is your address? _____
 - f. When did you move to this address (MM/DD/YYYY)?

 - g. What is your phone number? (____) _____
 - h. What is your email? _____
12. What is the reason for your visit today? *Circle One Answer* Service or Financial Assistance _____
13. How did you hear about our agency? _____



Cuyahoga County
Veterans Service Commission
Ph: 216.698.2600 • Fax: 216.698.2650
1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

Service-Connected Compensation (SCC)

- If you need your military discharge document, please complete the attached Standard Form (SF 180).
- Please complete the attached VA Form 21-0966, Intent to File and VA Form 21-22, Power of Attorney. The veteran must sign these documents. These documents are needed in order to initiate the process and allow the Service Officer access to the veteran's claim.
- Please indicate what medical conditions you are requesting to file Service-Connected Compensation for and provide all military medical and private medical records that relate to these conditions.

VA



U.S. Department of Veterans Affairs
Veterans Benefits Administration

Disability Compensation

Disability compensation is a benefit paid to Veterans because of injuries or disease that happened during active duty. In some cases, an existing disease or injury was worsened due to active military service. This benefit is also paid to certain Veterans disabled from VA health care. The benefits are tax-free.

Who is eligible?

You may be eligible for disability compensation if:

- You have a service-related disability or illness.
- Your discharge was not dishonorable.

How much does VA pay?

The amount of benefit pay varies depending on your disability. You may be paid additional amounts if:

- You have very severe disability(ies) or loss of limb(s).
- You have a spouse, child(ren) or dependent parent(s).
- You have a seriously disabled spouse.

How can you apply?

Fill out VA Form 21-526, "Veterans Application for Compensation and/or Pension," located at <https://www.vba.va.gov/pubs/forms/VBA-21-526-ARE.pdf>. You may also use VA Form 21-526EZ, "Fully Developed Claim (Compensation)," located at <https://www.vba.va.gov/pubs/forms/VBA-21-526EZ-ARE.pdf>.

If you have any of the following documents, please attach them to your application:

- Discharge or separation papers (DD214 or equivalent)

- Dependency records (marriage license and children's birth certificates)
- Medical evidence (doctor or hospital reports and records)

You can also apply online using eBenefits at

<https://www.ebenefits.va.gov/ebenefits/about/feature?feature=disability-compensation>.

Related Benefits

- Priority medical care: <https://www.va.gov/HEALTHBENEFITS/apply/index.asp>
- Vocational rehabilitation: <https://www.benefits.va.gov/vocrehab/index.asp>
- Clothing allowance: https://www.benefits.va.gov/COMPENSATION/claims-special-clothing_allowance.asp
- Grants for Specially Adapted Housing:
<https://www.benefits.va.gov/homeloans/adaptedhousing.asp>
- Automobile Grant and Adaptive Equipment:
<https://www.benefits.va.gov/COMPENSATION/claims-special-auto-allowance.asp>
- Service-Disabled Veterans Insurance: <https://www.benefits.va.gov/insurance/s-dvi.asp>
- Federal Employment Preference: https://www.va.gov/JOB/hiring_programs.asp
- State/local Veterans benefits: <https://www.va.gov/statedva.htm>
- Military exchange and community privileges:
<https://www.shopmyexchange.com/>



Cuyahoga County
Veterans Service Commission
Ph: 216.698.2600 • Fax: 216.698.2650
1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

Service-Connected Compensation
CHECKLIST

Thank you for contacting the Cuyahoga County Veterans Service Commission. Please bring with you the items checked below so your claim can be processed completely and efficiently.

- Military Discharge Document - DD214 or WD AGO (Original if available)
- Marriage Certificate and information on all prior marriages (divorce decrees, annulments etc.)
- Spouse and dependents social security numbers and dates of birth: Include birth certificates for children under the age of 18 and 18-23 yrs old that are full time students.
- Provide all military medical and private medical records that relate to the condition you wish to file for.
- Direct Deposit Information (ex. voided check)

Please bring these documents with you when you come into file for Service Connected Compensation.

REMEMBER APPLYING FOR VA BENEFITS IS ALWAYS FREE



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

**INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION,
OR SURVIVORS PENSION AND/OR DIC**
(This Form is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)

NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.

SECTION I: CLAIMANT/VETERAN IDENTIFICATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.

1. CLAIMANT'S NAME (First, Middle Initial, Last)

2. CLAIMANT'S SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)

5. VETERAN'S NAME (First, Middle Initial, Last) (If different from claimant)

6. VETERAN'S SOCIAL SECURITY NUMBER 7. VETERAN'S SEX 8. VETERAN'S SERVICE NUMBER (If applicable)

9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? 11. TELEPHONE NUMBER (Include Area Code) 12. EMAIL ADDRESS (If applicable)

SECTION II: GENERAL BENEFIT ELECTION

IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you do not select one or more of the general benefits listed below.

13. I intend to file for the general benefit(s) checked below: (Choose all that apply)

COMPENSATION PENSION

NOTE: Only check the box below if you are a surviving dependent of the veteran.

SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online at www.va.gov. If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.

SECTION III: DECLARATION OF INTENT

By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.

14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE 14B. DATE SIGNED (MM,DD,YYYY)

15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)
(NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28. Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. §102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/publicdo/PRAmain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

OMB Control No. 2900-0321
Respondent Burden: 5 minutes
Expiration Date: 02/28/2022

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, Appointment of Individual as Claimant's Representative. When completed you can mail or fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

[Grid for name entry]

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

[Grid for SSN entry]

3. VA FILE NUMBER (If applicable)

[Grid for VA File Number entry]

4. VETERAN'S DATE OF BIRTH

Month [] - Day [] - Year []

5. VETERAN'S SERVICE NUMBER (If applicable)

[Grid for Service Number entry]

6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)

[Grid for Insurance Number entry]

7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street []
Apt./Unit Number [] City []
State/Province [] Country [] ZIP Code/Postal Code [] - []

8. VETERAN'S TELEPHONE NUMBER (Include Area Code)

[Grid for Telephone Number entry]

9. VETERAN'S EMAIL ADDRESS (Optional)

[Grid for Email Address entry]

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME (First, Middle Initial, Last)

[Grid for Claimant Name entry]

11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street []
Apt./Unit Number [] City []
State/Province [] Country [] ZIP Code/Postal Code [] - []

12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)

[Grid for Telephone Number entry]

13. CLAIMANT'S EMAIL ADDRESS (Optional)

[Grid for Email Address entry]

14. RELATIONSHIP TO VETERAN

[Grid for Relationship entry]

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)

American Legion (AMLEG) 074

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

Accredited CVSO

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

AL.VBACLE@va.gov

18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)

VETERAN'S SOCIAL SECURITY NUMBER

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

- | | |
|--|--|
| <input type="checkbox"/> DRUG ABUSE | <input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) |
| <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE | <input type="checkbox"/> SICKLE CELL ANEMIA |

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 or 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.*

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT <i>(Do Not Print)</i>		22B. DATE SIGNED <i>(MM/DD/YYYY)</i>	
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A <i>(Do Not Print)</i>		23B. DATE SIGNED <i>(MM/DD/YYYY)</i>	

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO:		DATE SENT	ACKNOWLEDGED <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE	<input type="checkbox"/> EDU FILE			
	<input type="checkbox"/> LG FILE	<input type="checkbox"/> INSURANCE FILE			

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

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 LEGIBLY OR TYPE BELOW.

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

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	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	-			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	
6. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - <i>MUST provide Date of Death if veteran is deceased:</i> _____						
7. DID THIS PERSON RETIRE 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. Year(s) in which form(s) issued to veteran: _____
 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. If you request a DELETED copy, the following items will be blacked out: 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.
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. *IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:* _____

Other (Specify): _____

2. **PURPOSE:** (Providing information about the purpose of the request is strictly voluntary; however, it 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.)

Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** _____

2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

 (Relationship to deceased veteran)

I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

OTHER _____
 (Specify type of Other)

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

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

4. **AUTHORIZATION SIGNATURE:** 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 and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. 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 unless the request is archival. No signature is required if the request is for archival records.)

* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. *

Signature Required - Do not print _____ Date _____

Daytime phone _____ Fax Number _____

Email address _____

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994		
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	14
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	13
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force		
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	2	13
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	6	
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	14
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	14	11
	Discharged, deceased, or retired on or after 10/1/2013	3	11
	Active, Reserve, Individual Ready Reserve or TDRL	3	14
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	3	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	6	
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	14
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	4	11
	Individual Ready Reserve	4	8
	Active, Selected Marine Corps Reserve, TDRL	5	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	4	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	6	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	14	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	11
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	9
		7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/1/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	10	11
PHS	Active, Reserve, or TDRL	10	8
	Public Health Service - Commissioned Corps officers only	10	
		12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 MR_CustomerService@uscg.mil	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 eVetRecs: http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		