REQUEST PERTAINING TO MILITARY RECORDS

Please read instructions on the reverse. If more space is needed, use plain paper.

DATE OF REQUEST

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 E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C. 552a(e)(4)(D) include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

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
X	X	X	X

5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)

BRANCH OF SERVICE (Also, show last organization, if known)	DATES OF ACTIVE SERVICE: DATE ENTERED	DATES OF ACTIVE SERVICE: DATE RELEASED	Check one: OFFICER	Check one: ENLISTED	SERVICE NUMBER DURING THIS PERIOD
X	X	X			X

6. RESERVE SERVICE, PAST OR PRESENT — If "none," check here ☐

a. BRANCH OF SERVICE	b. DATES OF MEMBERSHIP: FROM	b. DATES OF MEMBERSHIP: TO	c. Check one: OFFICER	c. Check one: ENLISTED	d. SERVICE NUMBER DURING THIS PERIOD
			☐	☐	

7. NATIONAL GUARD MEMBERSHIP (Check one): ☐ a. ARMY ☐ b. AIR FORCE ☐ c. NONE

d. STATE	e. ORGANIZATION	f. DATES OF MEMBERSHIP: FROM	f. DATES OF MEMBERSHIP: TO	g. Check one: OFFICER	g. Check one: ENLISTED	h. SERVICE NUMBER DURING THIS PERIOD
				☐	☐	

8. IS SERVICE PERSON DECEASED — ☐ YES ☒ NO — If "yes," enter date of death:

9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST — ☐ YES ☐ NO

SECTION II—REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3

Awards & Decorations & Citations & Complete Service Record.

2. IF YOU ONLY NEED A STATEMENT OF SERVICE — check here ☐

3. LOST SEPARATION DOCUMENT REPLACEMENT REQUEST (Complete a or b, and c)

a. ☐ REPORT OF SEPARATION (DD Form 214 equivalent)	YEAR ISSUED	*This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (Item 5 of this form).*
b. ☐ DISCHARGE CERTIFICATE	YEAR ISSUED	*This shows only the date and character of discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.*

c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST

4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED

To confirm accuracy and completeness of records under Freedom of Information and Privacy Acts; Request Fee Waiver.

6. REQUESTER

a. IDENTIFICATION (check appropriate box)

☒ Same person identified in Section I ☐ Surviving spouse

☐ Next of kin (relationship): _____

☐ Other (specify)

b. SIGNATURE (see instructions 3 and 4 on reverse side)

X

5. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse side)

I hereby authorize release of the requested information/documents to the person indicated at right (item 7).

VETERAN SIGN HERE ► Do Not Sign Here

(If signed by other than veteran, show relationship to veteran)

7. Please type or print clearly — COMPLETE RETURN ADDRESS

Name, number and street, X

city, State and ZIP code X

TELEPHONE NO. (Include area code) (

100-103

Mail To National Personnel Records Center
Military Personal Records
9700 Page Boulevard, St. Louis, Mo. 63132

STANDARD FORM 180 Rev. 5-78
Prescribed by GSA, FPMR (41 CFR) 101-11.406-1