

INFORMATION REQUIRED TO REQUEST, OR AUTHORIZE DISCLOSURE OF, PROTECTED INFORMATION

DO NOT USE THIS FORM TO REQUEST COPIES OF RECORDS OR OFFICIAL MILITARY PERSONNEL FILES

VETERAN'S PERSONAL INFORMATION

Name:

Mailing Address:

State/Province:

Zip/Postal Code:

Phone Number:

NAME AND ADDRESS OF INDIVIDUAL, AGENCY, OR ORGANIZATION TO WHOM INFORMATION IS TO BE RELEASED

Name:

Mailing Address:

State/Province:

Zip/Postal Code:

Phone Number:

INFORMATION REQUIRED TO CONDUCT RECORDS RESEARCH

Post Traumatic Stress Disorder

Agent Orange Exposure

Date of incident/exposure:
(maximum 60 day time frame)

Specific location of
incident/exposure:

Types of combat incident(s):
(such as mortar, sniper, ground attacks, etc)

Complete names of casualties observed,
killed or wounded during incident:

Complete unit/ship designation:

Assignment dates:

Major base camp location of
unit:

Branch of Service: Army Navy Air Force Marine Corps Coast Guard

Please provide documentation from Official Military Personnel Files that contains unit information.

This documentation is:

- Army: DA Form 20, DA Form 2-1, or equivalent (DD Form 214)
- Air Force: Air Force (AF) Form 7 or Form 11
- Navy: Records of Assignments or equivalent
- Coast Guard: Administrative Remarks or equivalent

Additional Clarification and Purpose of Information Requested or to be Released

This space is provided for additional clarifying information as well as to confirm the purpose of this request/authorization. The following are examples of confirmation statements:

- Confirmation that JSRRC is researching a VA claim regarding PTSD or Agent Orange
- Confirmation by JSRRC of events/incidents that occurred to a Veteran who has filed or intends to file a VA disability claim
- Confirmation by JSRRC of events/incidents that occurred during a specific military unit assignment
- Confirmation by JSRRC of events/incidents that occurred to a specific unit/ship or service member
- Other
- Note: Official Military Personnel Files, Deck Logs, Unit Histories, Morning Reports, and other like records are not maintained at the JSRRC.

PRIVACY STATEMENT

AUTHORITY: Title 10 USC Section 3013.

PRINCIPAL PURPOSE: To identify information related to circumstances surrounding veterans claims.

ROUTINE USES: The DOD "Blanket Routine Uses" set forth at the beginning of the Army's compilation of Systems of Records Notices also apply to this system.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in an inability to facilitate research and properly identify requested information.

Authorization Statement and Required Signature:

In my capacity as the (Veteran, next of kin, legal guardian, attorney-in-fact) I authorize the Joint Services Records Research Center to release the described information to the named individual/agency/organization on a one-time basis.

Signature: _____

Date: _____

Contact Information:

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