

If you answered affirmatively (yes) to questions numbered 7 and/or 8 of the Psychological History Questionnaire (PHQ), you will be asked to procure your military and/or Veteran's Administration (VA) records for the Psychological Screening Program (PSP) to review prior to your scheduled pre-employment screening interview. It is your responsibility to make sure that these records are sent from the provider of the records directly to Dr. Jo Danti at California Department of Human Resources Psychological Screening Program at 1515 "S" Street, North Building #500, Sacramento, CA 95811.

In the event that your providers are unable or unwilling to send your records to PSP and choose to send the records directly to you, PSP will accept records **only if** they remain sealed in the original envelope with a return address that clearly indicates the source of the records. Should you receive the records, you must place the **unopened** envelope in another envelope that you address to CalHR PSP as indicated above. Do not hand deliver your records.

PSP has learned that military personnel and veterans must submit a formal request to the military or the VA in order to procure medical records. There is a request not only to obtain records but also to locate records if your records are not easily accessed. A list of Records Management Centers for the Department of Veterans Affairs is also attached. The number for the VA is 888-533-4558.

When you complete the written portion of your psychological evaluation, PSP will review the PHQ and request the records deemed necessary before continuing the screening interview. If you have already submitted the formal request forms to the military and/or VA, be sure to include a copy of this request when you send in the PSP's Professional Provider's Form.

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 | | | | | | | |
| b. RESERVE | | | | | | | |
| c. STATE NATIONAL GUARD | | | | | | | |

6. IS THIS PERSON DECEASED? NO YES - *MUST* provide Date of Death if veteran is deceased: _____

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO 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.*)

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

(Relationship to deceased veteran)

(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.)

Signature Required - Do not print Date

Daytime phone Fax Number

Email address

* 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. *

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 | 14 | 14 |
| | Discharged, deceased, or retired 5/1/1994 – 9/30/2004 | 14 | 11 |
| | Discharged, deceased, or retired 10/1/2004 – 12/31/2013 | 1 | 11 |
| | Discharged, deceased, or retired on or after 1/1/2014 | 1 | 13 |
| | Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay | 1 | |
| | 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 | 2 | 13 |
| COAST GUARD | Discharge, deceased, or retired before 1/1/1898 | 6 | |
| | Discharged, deceased, or retired 1/1/1898 – 3/31/1998 | 14 | 14 |
| | Discharged, deceased, or retired 4/1/1998 – 9/30/2006 | 14 | 11 |
| | Discharged, deceased, or retired 10/1/2006 – 9/30/2013 | 3 | 11 |
| | Discharged, deceased, or retired on or after 10/1/2013 | 3 | 14 |
| | Active, Reserve, Individual Ready Reserve or TDRL | 3 | |
| MARINE CORPS | Discharged, deceased, or retired before 1/1/1895 | 6 | |
| | Discharged, deceased, or retired 1/1/1905 – 4/30/1994 | 14 | 14 |
| | Discharged, deceased, or retired 5/1/1994 – 12/31/1998 | 14 | 11 |
| | Discharged, deceased, or retired 1/1/1999 – 12/31/2013 | 4 | 11 |
| | Discharged, deceased, or retired on or after 1/1/2014 | 4 | 8 |
| | Individual Ready Reserve | 5 | |
| | Active, Selected Marine Corps Reserve, TDRL | 4 | |
| ARMY | Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer) | 6 | |
| | Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer) | 14 | |
| | Discharged, deceased, or retired 10/16/1992 – 9/30/2002 | 14 | 11 |
| | Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013 | 7 | 11 |
| | Discharged, deceased, or retired (including TDRL) on or after 1/1/2014 | 7 | 9 |
| | Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard) | 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 1/31/1994 – 12/31/1994 | 14 | 11 |
| | Discharged, deceased, or retired 1/1/1995 – 12/31/2013 | 10 | 11 |
| | Discharged, deceased, or retired on or after 1/1/2014 | 10 | 8 |
| Active, Reserve, or TDRL | 10 | | |
| PHS | Public Health Service - Commissioned Corps officers only | 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 | | |

REQUEST FOR INFORMATION NEEDED TO LOCATE MEDICAL RECORDS

WHEN TO USE THIS FORM: Use this form to request the following categories of medical records from the National Personnel Records Center:

- Clinical (inpatient) records for a military service member, a military retiree, or a dependent of an active/retired military member for hospitalization in a military medical treatment facility.
- Outpatient records for a military retiree, a dependent of an active/retired military member, a civilian Federal employee, or a dependent of a civilian employee for outpatient treatment in a military medical treatment facility.

WHEN NOT TO USE THIS FORM: Do not use this form to request the following:

- Outpatient (health) records and dental records created for a person while in the military service. Request these records by using Standard Form (SF) 180, Request Pertaining to Military Records or online via eVetRecs at www.archives.gov/veterans/military-service-records/.
The SF 180 is available from most VA offices and other organizations that serve veterans and from the web at www.archives.gov/veterans/military-service-records/standard-form-180.html.
- VA hospital records. Please phone the VA at 1-800-827-1000 for help in obtaining these records. You will need to provide your VA Claim Number.

HOW TO USE THIS FORM:

- Use a separate form for each individual for whom you are requesting records.
- Fill in page 2 of this form to the best of your ability.
- Please be sure to read the section near the bottom entitled "Authorization To Receive Information From Medical Records" and obtain the required authorization signature.

WHERE TO SEND THIS FORM:

National Personnel Records Center
Military Personnel Records
1 Archives Drive
St. Louis, MO 63138-1002

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, 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 (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS SHOWN AT THE BOTTOM OF THIS PAGE

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with U.S.C. 552a (e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. The purpose of the information on this form is to assist the National Personnel Records Center in locating the correct medical record(s) or information to answer your inquiry. If the requested information is not provided, it may delay servicing your inquiry because the National Personnel Records Center may not have all the information needed to locate the requested record(s). This form is then filed in the requested file as a record of disclosure. The form may also be disclosed to Department of Defense components, Department of Homeland Security (DHS, U.S. Coast Guard) or a civilian agency if the National Personnel Records Center transfers all or part of the medical record to one of these agencies.

Date

Prepared by
AFN

NATIONAL PERSONNEL RECORDS CENTER
Military Personnel Records
1 Archives Drive
St. Louis, MO 63138-1002

REQUEST FOR INFORMATION NEEDED TO LOCATE MEDICAL RECORDS

SECTION I – ABOUT THE PATIENT (Please print or type, but first read the instructions on page 1)

| | | | |
|---|---|-------------------|----------------------------|
| NAME OF PATIENT at time of treatment: | Last | First | Middle Initial |
| A. STATUS OF PATIENT AT TIME OF TREATMENT: (Please check appropriate box and fill in information requested on the blank lines) | | | |
| <input type="checkbox"/> MILITARY SERVICE MEMBER | Branch of service | Service number | SSN |
| <input type="checkbox"/> RETIRED MILITARY SERVICE MEMBER | Branch of service | Service number | SSN Date retired |
| <input type="checkbox"/> DEPENDENT OF MILITARY SERVICE MEMBER Dependent's date of birth: | | | |
| Sponsor's Information | Name (last, first, middle initial) | Branch of service | Service number SSN |
| <input type="checkbox"/> FEDERAL EMPLOYEE | SSN | Date of Birth | Employment separation date |
| <input type="checkbox"/> DEPENDENT OF FEDERAL EMPLOYEE | Employee's name (last, first, middle initial) | | Employee's SSN |
| <input type="checkbox"/> OTHER (specify) | | | |

B. INFORMATION AND/OR DOCUMENTS REQUESTED:

C. INFORMATION NEEDED TO LOCATE RECORDS:

- If you are requesting **inpatient records**, please provide each year and military facility where hospitalized.
- If you are requesting **outpatient records**, please provide the last year and military facility where treated.

| NATURE OF ILLNESS, INJURY, OR TREATMENT | TREATMENT DATES | | ADMITTED (overnight stay) | | TREATED (but not admitted) | | NAME, NUMERICAL DESIGNATION, AND LOCATION OF HOSPITAL, DISPENSARY OR MEDICAL FACILITY |
|---|-----------------|------------|---------------------------|----|----------------------------|----|---|
| | (From Mo/Yr) | (To Mo/Yr) | Yes | No | Yes | No | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SECTION II – RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

| | |
|---|---|
| <input type="checkbox"/> Patient identified in Section 1A, above <input type="checkbox"/> Parent of minor dependent or legal guardian of patient (If guardian, please submit copy of court appointment) | <input type="checkbox"/> Next of kin of deceased patient (Must provide proof of death) Show relationship: _____ <input type="checkbox"/> Other (specify): _____ |
|---|---|

2. AUTHORIZATION SIGNATURE REQUIRED (of patient or legal guardian): I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in Section II is true and correct.

Signature of patient, next of kin, or legal guardian. DO NOT PRINT.

E-mail address

Date

3. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See eligibility instructions below.)

Name

Street

City State ZIP Code

Daytime phone number (including area code)

AUTHORIZATION TO RECEIVE INFORMATION FROM MEDICAL RECORDS

- a. Restrictions on release of information: Release of information is subject to restrictions imposed by the military services and civilian agencies consistent with Department of Defense and civilian agency regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The former patient or the patient's legal guardian has access to almost any information contained in the patient's own record. Others requesting information must have the release authorization in Section II, above, signed by the patient or legal guardian. **If the patient is deceased, surviving next of kin may, under certain circumstances, be entitled to these records as well. The next of kin is defined as any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother.** The next of kin must provide proof of death and show relationship; the legal guardian must provide a copy of the court order proving guardianship or mental incompetence, as appropriate.
- b. Where the reply may be sent: The reply may be sent to the patient or any other address designated by the patient or other authorized requester.

DEPARTMENT OF VETERANS AFFAIRS

Records Management Center

P.O. Box 5020

St. Louis, Missouri 63115

Air Force Personnel Center
HQ AFPC/DPSSRP
550 C Street West, Suite 19
Randolph AFB, TX 78150-4721

National Archives & Records
Administration
Old Military and Civil Records
(NWCTB-Military)
Textual Services Division
700 Pennsylvania Ave., N.W.
Washington, DC 20408-0001

Air Reserve Personnel Center/DSMR
HQ ARPC/DPSSA/B
6760 E. Irvington Place, Suite 4600
Denver, CO 80280-4600

U.S. Army Human Resources Command
www.hrc.army.mil

Division of Commissioned Corps
Officer Support
ATTN: Records Officer
1101 Wootton Parkway, Plaza Level,
Suite 100
Rockville, MD 20852

Bureau of Medicine and Surgery
Health Information Management M3B13
7700 Arlington Blvd., STE 5126
Falls Church, VA 22042-5126

AF STR Processing Center
3370 Nacogdoches Road, Suite 116
San Antonio, TX 78217

AMEDD (ARMY)
3370 Nacogdoches Road, Suite 116
San Antonio, TX 78217

Navy Medicine Records Activity (NMRA)
BUMED Detachment St. Louis
4300 Goodfellow Blvd., Bldg. 103
St. Louis, MO 63120

Commander, CGPC-adm-3
USCG Personnel Command
4200 Wilson Blvd., Suite 1100
Arlington, VA 22203-1804

Headquarters U.S. Marine Corps
Personnel Management Support Branch
(MMSB-10)
2008 Elliot Road
Quantico, VA 22134-5030

National Personnel Records Center
(Military Personnel Records)
#1 Archives Drive
St. Louis, MO 63138-1002
eVetRecsI
www.archives.gov/veterans/evetrecs/

The Adjutant General
(Of the appropriate state, DC or PR)

Marine Forces Reserve
4400 Dauphine St.
New Orleans, LA 70146-5400

Navy Personnel Command (PERS-312E)
5720 Integrity Drive
Millington, TN 38055-312