



DEPARTMENT OF DEFENSE,  
 VETERANS AND EMERGENCY MANAGEMENT  
 Military Bureau  
 Joint Force Headquarters, Maine National Guard  
 Camp Keyes, Augusta, Maine 04333-0033



**REQUEST FOR INFORMATION DISCLOSURE**

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

**SOLDIER INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ SERVICE NUMBER: \_\_\_\_\_  
 RANK: \_\_\_\_\_ UNIT: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

**REQUESTORS INFORMATION**

NAME (Please Print): \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RELATIONSHIP TO SOLDIER: SELF: \_\_\_\_\_ SPOUSE: \_\_\_\_\_ NEXT OF KIN: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**INFORMATION/RECORDS REQUESTED**

DD 214 \_\_\_\_\_ NGB 22 \_\_\_\_\_ NGB 23 \_\_\_\_\_ MEDICAL RECORDS \_\_\_\_\_  
 OTHER: \_\_\_\_\_

THIS INFORMATION IS REQUESTED FOR: \_\_\_\_\_

**SIGNATURE (required)**

\*\*\*\*THE PRIVACY ACT OF 1974 (5 USC 552A) REQUIRES THAT WE OBTAIN YOUR WRITTEN CONSENT PRIOR TO DISCLOSURE OF THE REQUESTED INFORMATION\*\*\*\*

I CONSENT TO THE REQUESTED DISCLOSURE: \_\_\_\_\_  
 (YOUR SIGNATURE / DATE REQUIRED HERE)

**CONTACT INFORMATION**

**US MAIL:**  
 Department of Defense, Veterans and  
 Emergency Management  
 Military Bureau, ATTN: HELPDESK-OOS  
 Camp Keyes, Augusta, ME 04333

**PHONE / FAX / E\_MAIL:**  
 FAX: 207-626-4233  
 E-MAIL: [records@me.ngb.army.mil](mailto:records@me.ngb.army.mil)  
 TELEPHONE: 207-626-HELP (4357)

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*  
 DATE REQUEST FILLED: \_\_\_\_\_ FILLED BY: \_\_\_\_\_