

FORM SF180-R

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the instructions at the bottom before filling out this form. Please print clearly or type. If you need more space, use additional plain paper.

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	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)					
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, please write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE SERVICE					
b. RESERVE or NATIONAL GUARD					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.			7. IS (WAS) THIS PERSON RECALLED FROM MILITARY SERVICE?		
NO YES _____			NO YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

- REPORT OF SEPARATION (DD 214 or equivalent). This contains information normally needed to verify service. It may be furnished to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year for which you need a copy.
- OTHER INFORMATION AND/OR DOCUMENTS REQUESTED:

DEAR STAFF, I am requesting retroaction authorization for the following award(s). I am including documentation I believe authorizes this award. I am including the required \$12.30 application fee for each award listed below. I understand the fee(s) is/are non-refundable whether or not this application is approved or denied. I also understand that if this application is approved I must purchase any hardware associated with this award and may not request free issue from either the military or any federal agency.

RETROACTION AWARD(S) APPROVAL REQUESTED

1. _____ 2. _____
 3. _____ 4. _____

Zoom

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS _____
 Military service member or veteran identified in Section I, above _____ Legal guardian (must submit a copy of your appointment)
 Next of kin of deceased veteran _____ Other (specify) _____
 (relation)

2. SEND INFORMATION DOCUMENT TO _____
 Please print or type (see instruction 3.)

3. AUTHORIZATION SIGNATURE REQUIRED (See instruction 2)
 I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in the Section III is true and correct.

Name _____ Signature of Requester (Please do not print) _____
 Street _____ Date of this Request _____ Daytime phone _____
 City _____ State _____ ZIP Code _____ Email Address _____

FAX OR MAIL THIS COMPLETED FORM with the REQUIRED FEE(S) TO:
The National Personnel Records Center, Military Personnel Records
9700 Page Avenue, St Louis MO 63132-5100
OR Fax To: 1-301-801-9195