

AUTHORIZATION FOR RELEASE OF MILITARY RECORDS

TO:

RE: (Plaintiff's name)  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Armed Forces Identification No.: \_\_\_\_\_

Dates & Branch of Service: \_\_\_\_\_

You are hereby authorized and directed to release and provide \_\_\_\_\_ or its representatives any and all records, including but not limited to the types of records listed below and including but not limited to all electronically generated or stored records:

1. Medical records and all records of any physical examinations,
2. All records showing dates and places of the above examinations;
3. All records of discharge from the Armed Forces; and
4. All records concerning medals, awards or other honors received; including but not limited to all electronically or computer stored or generated records.

Copies of the above-referenced materials should be numbered. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Plaintiff's name)