



## DD214/Military Records Privacy Release Form

Due to the enactment of the Right to Privacy Act, I ask that you complete and sign this form authorizing me and my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office. This authorization is valid for up to one year after the date on this form.

Note: Inquiries can be made by the veteran/military member, the surviving spouse, or (in the absence of a surviving spouse) the next of kin. In the case of a deceased veteran/military member, a copy of the obituary/death certificate is required by the National Personnel Records Center. In the case of a family member or friend acting on behalf of the veteran/military member, the requester must provide written authorization, such as a power of attorney, to obtain assistance.

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Full Name

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Place of Birth

Date of Birth

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Social Security Number

---

Street Address

City

State

Zip

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Email Address

Phone Number

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Branch of Service

Dates of Service

**Please select which records apply in your case:**

- DD214
  - Official Military Personnel File
  - Official Military Medical File
-

Are you the veteran? (Circle One) YES or NO

If you are not the veteran, please provide the following information:

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Full Name Relationship to Veteran

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Street Address City State Zip

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Email Address Phone Number

U.S. Senator Tom Carper has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office.

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Signature Date

Please mail or fax this completed form to the following office:

**Attn: Mrs. Jymayce Wescott  
Office of U.S. Senator Tom Carper  
12 The Circle  
Georgetown, DE 19947**

**Phone: (302) 856-7690  
Fax: (302) 856-3001**

*\*\*This service is only available for Delaware residents. If you are not a Delaware resident, please contact a member of the Congressional delegation in the state in which you reside.\*\**