

# Power of Attorney

Information Needed to Locate Records:

Full Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Military Service: \_\_\_\_\_

Date Entered Active Duty: \_\_\_\_\_

I hereby authorize any custodian of my military record to release information from, or copies of, my military personnel file and related military records to:

\_\_\_\_\_ .

Information and records provided should include, but not be limited to:

- any medical or health records,
- all records and evidence, including non-military records and evidence, of possible violations of the UCMJ and other criminal charges,
- if applicable, a photocopy of the DD 214, Report of Separation, and
- any other documents that may affect my military status.

Signature \_\_\_\_\_ Date \_\_\_\_\_