

Aardvark Research Group  
7750 Maryland Ave, Ste 50309, St. Louis, Missouri, 63105-9998  
Telephone: (314) 488-7923, Secure Fax: (314) 685-2331  
Orders Email: orders@aardvarkresearchgroup.com  
General Email: info@aardvarkresearchgroup.com  
www.AardvarkResearchGroup.com

**REQUEST FOR MILITARY RECORDS**

(Please print legibly or your request may be delayed)

1. Veteran's Full Name: \_\_\_\_\_
  2. Social Security Number: \_\_\_\_\_
  3. Branch of Service and Final Rank (If Known): \_\_\_\_\_ \*\*
  4. Military Serial Number (Pre-1970 only): \_\_\_\_\_
  5. Present Military Status: \_\_\_\_\_
  6. Service Dates (Estimates are fine): Active Duty: \_\_\_\_\_ Reserve: \_\_\_\_\_
  7. Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
  8. Documents You Need: \_\_\_\_\_
  9. Have you made a prior request for your records within the past 90 days? \_\_\_\_\_
  10. Are you up against a deadline? When is it? \_\_\_\_\_
  11. How would you prefer to pay? PayPal/Credit or Debit Card ( ) Check/Money Order ( )
- Delivery Options (Every Order Includes an Emailed Copy): First Class Mail (4-5 Days) \$89 ( )**  
**Express Mail: (Overnight for most locations) \$114 ( ).**
- If you have already paid what name was payment made under? \_\_\_\_\_**
12. Purpose of your Request: \_\_\_\_\_
  13. Anything Else We Need to Know? \_\_\_\_\_
- \*\*If you served in the National Guard was it Army or Air, and which state were you discharged from?**

**CONTACT INFORMATION AND MAILING ADDRESS**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: (Cell) : \_\_\_\_\_ (Home/Work): \_\_\_\_\_  
Email: \_\_\_\_\_

The information contained in this facsimile is intended for the name recipient only, and may be privileged or confidential. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any use, dissemination or distribution of this communication is prohibited. If you receive this facsimile in error please notify us immediately and return the original message to us. Your cooperation is appreciated. Thank you.

**PLEASE REMEMBER TO SIGN THE POWER OF ATTORNEY FORM BELOW. THANK YOU.  
YOU DO NOT HAVE TO PAY UP FRONT. FAX OR EMAIL US THE ORDER FORMS AND WE WILL  
CONTACT YOU FOR PAYMENT PRIOR TO DELIVERING THE DD214'S.**

**VETERAN'S REQUEST FOR MILITARY RECORDS  
LIMITED POWER OF ATTORNEY  
ACCESS TO MILITARY RECORDS**

I, \_\_\_\_\_, hereby designate Aardvark Research and/or its employees as my agent and authorize them to act on my behalf under the following limited terms and conditions:

**TO REQUEST, ACCESS AND DUPLICATE THE FOLLOWING NAMED DOCUMENTS  
FROM SIGNEE'S OFFICIAL MILITARY PERSONNEL FILE**

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Please write in the documents you would like us to retrieve. If you would like your entire file Please write "Any and All."

1. **AUTHORITY TO ACT.** The agent is authorized to act for me under this Power of Attorney as described herein.
2. **POWERS OF AGENT.** The agent may act for me, and exercise authority and control on my behalf to request, retrieve and otherwise carry out such tasks as are necessary in the performance of the above enumerated authority.
3. **DURABILITY.** This Power of Attorney shall expire sixty (60) days from the date of its execution, or sooner if revoked by me in writing.
4. **ORIGINAL COUNTERPARTS.** Photocopies of this document shall be treated as original counterparts and maintain full validity.
5. **TRANSMITTAL OF PERSONALLY IDENTIFIABLE INFORMATION (PII) AND PRIVACY ACT (PA) INFORMATION.** By signing below I authorize the United States National Archives or Military Service Branch including the Department of the Navy, Army, USMC, USAF, USCG, and other various unnamed federal entities who may have physical custody of records relative to my military career, education or training to release and transmit the documents listed above to Aardvark Research. I understand that these documents may be forwarded via the United States Postal Service, via fax, or via email, and authorize the military service branch and Aardvark Research to use any of these means in delivering the documents I have requested.

I declare under penalty of perjury under the applicable laws of the United States that the information listed above is true and correct.

X \_\_\_\_\_ (Sign and Print)

X \_\_\_\_\_ (Date)