

Congressman J. Luis Correa
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Santa Ana, CA 92706
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Honorable Congressman J. Luis Correa
46th Congressional District
CASE AUTHORIZATION FORM

In compliance with the Privacy Act of 1974, it is necessary for us to have your authorization with a completed form and your handwritten signature. Form must be completed in English, otherwise full translation of non-English text and translator's certification of competence must be provided.

Mr./Ms/Mrs. _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____

Social Security #: ____/____/____ Service Number: _____
(If Applicable)

Address: _____
Street Number/Name Apt. Number City Zip Code

Email: _____ Home/ Cell Phone: _____

Brief description of the issue:

Issue with what (check all that apply):

- ☐ Department of Veterans Affairs ☐ Department of Defense ☐ National Archive (Personnel Records Admin.)
☐ IRS ☐ Social Security Administration ☐ HUD ☐ Other: _____

I, (print your name) _____, hereby authorize the Honorable Congressman J. Luis Correa and his staff to work on my behalf with any federal agency relevant to the matter described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Signature: _____ Date: _____

** Please attach any other relevant documents to be considered for this case.*

*** Please allow **at least 45 days** for our office to provide you a response regarding your concern.*

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	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	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE						
c. STATE NATIONAL GUARD						

6. IS THIS PERSON DECEASED? ☐ NO ☐ YES - **MUST** provide Date of Death if veteran is deceased: _____

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: _____
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient)** the **FACILITY NAME** and **DATE** (month and year) for EACH admission **MUST** be provided: _____

☐ **Other** (Specify): _____

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** _____

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. ☐ I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment**) or AUTHORIZED REPRESENTATIVE (**MUST submit copy of Authorization Letter or Power of Attorney**)

☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death. See item 2a on instruction sheet.**) ☐ OTHER

(Relationship to deceased veteran) (Specify type of Other)

3. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print	Date
Daytime phone	Fax Number
Email address	