

REQUEST FOR MILITARY DISCHARGE RECORD

Important Submission Instructions

Military discharge records in the custody of the Oregon Department of Veterans' Affairs (ODVA) may be requested by submitting a completed, **signed**, and dated form RM4014 REQUEST FOR MILITARY DISCHARGE RECORD. Send the request via **secure** email uplink to: ODVA_Public_Records@odva.state.or.us; mail the request to the ODVA Records Officer, 700 Summer ST NE, Salem, OR 97301-1285; or fax the request to the ODVA Records Officer at 503-373-2156. **Note:** A confirmation of receipt of the request will be sent to the requester when received.

Veteran Information (*Required)

Veteran First Name*	Veteran Middle Name*	Veteran Last Name* (include prior last names)	Suffix
Veteran Date of Birth*	Veteran Social Security Number*	Veteran Military Service Number	Branch of Service*

Veteran Information Verification (MUST provide at least TWO items)

Date of Entry	Place of Entry (City/State)	Discharge Date or Year	Station Separated (City/State)
Date of Rank	Grade, Rate or Rank	Pay Grade	Primary Specialty

Requester Information (*Required)

Requester First Name*	Requester Middle Name	Requester Last Name*	Suffix
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Requester Type* (Please choose **one**):

- Military veteran or military service member - **MUST** provide verifying information requested above
- Veteran's spouse or dependent - **MUST** provide verifying information requested above
- Deceased veteran's next of kin (unremarried surviving spouse, Father, Mother, Son, Daughter, Sister, Brother) - **MUST** submit Proof of Death and **MUST** provide verifying information requested above
- Veteran's legal guardian, conservator, or authorized representative – **MUST** submit copy of Court Appointment, Authorization Letter, Power of Attorney, etc.
- A veteran service officer (VSO), National Service Officer (NSO) or county veteran service officer (CVSO)
- A licensed funeral establishment or cemetery
- Authorized government representative [United States Department of Veterans' Affairs (USDVA), National Archives (NARA), National Personnel Record Center (NPRC), ODVA/Oregon Veterans' Homes (OVH), or other state agencies or representatives]

Organization or Company Name	Street Address*		
Address Line 2	City*	State*	Zip Code*
Telephone Number*	Fax Number	E-mail Address*	

Purpose of the request:

<input type="checkbox"/> Employment	<input type="checkbox"/> ODVA Home Loan Program
<input type="checkbox"/> ODVA Educational Aid	<input type="checkbox"/> Oregon Veterans' Home (OVH) Entry
<input type="checkbox"/> VA Hospital Entry	<input type="checkbox"/> Burial
<input type="checkbox"/> Benefits (explain)	<input type="checkbox"/> Other (explain)

Explanation: _____

Please choose **one** option:

- I would like paper copies of the records mailed to me (veteran, spouse/dependent, next of kin: sent via USPS mail).
- I would like paper copies of the records faxed to me.
- I would like paper copies of the records certified and mailed to me (veteran, spouse/dependent, next of kin: sent via USPS mail).
- I would like paper copies of the records certified and faxed to me.
- I would like to pick up paper copies of the records at the
- I am an authorized and verified requester. I would like an electronic copy emailed to me through a secure, encrypted link.

Number of Copies Needed:	Number of Certified Copies Needed:
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AUTHORIZATION SIGNATURE: I certify that the information in this form is true and correct and that I authorize the release of the requested information.

Veteran Authorization Signature	Date Signed	Requester Authorization Signature*	Date Signed
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ODVA Staff Use Only

<input type="checkbox"/> OpenText File360 DD214	<input type="checkbox"/> Eligibility/Loans Microfiche	<input type="checkbox"/> World War II Bonus Film	<input type="checkbox"/> Authorized and Verified
Request Receipt Confirmation Sent	Date of Record:	Bonus Number:	Date Request Completed:
Records Officer's Approval Signature		Faxed	Rush
		<input type="checkbox"/>	<input type="checkbox"/>
		Called & Faxed	Pick Up
		<input type="checkbox"/>	<input type="checkbox"/>