

# 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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	Army (Ohio)	10-31-2014	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown

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): Any criminal records, court materials, Article 15, reports of misconduct.

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: Law Enforcement employment background invest. Include character of discharge

## 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 DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)  
*(Relationship to deceased veteran)*

3. SEND INFORMATION/DOCUMENTS TO:  
*(Please print or type. See item 4 on accompanying instructions.)*  
Cleveland Division of Police/Personnel Unit

Name  
1300 Ontario Street  
Street Apt.  
Cleveland OH 44113  
City State Zip Code

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)

OTHER  
Cleveland Division of Police  
*(Specify type of Other)*

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.)

[REDACTED SIGNATURE] 3-8-2017  
Signature Required - Do not print Date

\* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. \*

Daytime phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
cleon@city.cleveland.oh.us  
Email address



# CLEVELAND DIVISION OF POLICE

## Authorization for Release of Information

To Whom It May Concern: I am an applicant for a position with the Cleveland Division of Police, City of Cleveland, Ohio. The Division needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Cleveland Division of Police bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cleveland Division of Police, whether said records are of public, private or confidential nature. The intent of this authorization is to provide full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and complete disclosure of the background and history of my personal life, for the specific purpose of pursuing a background investigation that may give my consent for full and complete disclosure. I provide pertinent data for the Cleveland Division of Police to consider in determining my suitability for employment with the Division of Police. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background information, my military service records, education records, my financial status, my criminal history record, including my arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Cleveland Division of Police regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Cleveland Division of Police's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cleveland Division of Police. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cleveland Division of Police in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid upon my signature during any period of time associated with the selection process of the Cleveland Division of Police.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

607

Rank

Social Security Number

Signature

Date

3-8-2017

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle Initial) [REDACTED]  
 2. DEPARTMENT, COMPONENT AND BRANCH  
 ARMY/ARGUS  
 3. SOCIAL SECURITY NUMBER [REDACTED]

4a. GRADE, RATE OR RANK  
 PV1  
 b. PAY GRADE  
 E01  
 5. DATE OF BIRTH (YYYYMMDD) [REDACTED]  
 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20221030

7a. PLACE OF ENTRY INTO ACTIVE DUTY  
 CLEVELAND, OHIO  
 b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)  
 [REDACTED]

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND  
 CO C 795TH MP BN T TC  
 b. STATION WHERE SEPARATED  
 FORT LEONARD WOOD TC, MO 65473-5000

9. COMMAND TO WHICH TRANSFERRED  
 ARNG OF OH  
 10. SGLI COVERAGE AMOUNT: \$ 350,000.00

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  
 31B10 MILITARY POLICE - 00 YRS 00 MOS//  
 NOTHING FOLLOWS

12. RECORD OF SERVICE			
	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	2015	03	02
b. SEPARATION DATE THIS PERIOD	2015	07	23
c. NET ACTIVE SERVICE THIS PERIOD	0000	04	22
d. TOTAL PRIOR ACTIVE SERVICE	0000	00	00
e. TOTAL PRIOR INACTIVE SERVICE	0000	04	01
f. FOREIGN SERVICE	0000	00	00
g. SEA SERVICE	0000	00	00
h. INITIAL ENTRY TRAINING	0000	04	22
i. EFFECTIVE DATE OF PAY GRADE	2014	10	31

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
 NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  
 MILITARY POLICE, 19 WEEKS, 2015//NOTHING FOLLOWS

15a. COMMISSIONED THROUGH SERVICE ACADEMY  
 b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)  
 c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)

16. DAYS ACCRUED LEAVE PAID 0

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

YES	X	NO
YES	X	NO
YES	X	NO

18. REMARKS  
 ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]  
 b. NEAREST RELATIVE (Include ZIP Code) [REDACTED]

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) [REDACTED] OR [REDACTED] OFFICE OF VETERANS AFFAIRS  
 a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)

X	YES	NO
X	YES	NO

21.a. MEMBER SIGNATURE  
 ESIGNED BY: [REDACTED]  
 b. DATE (YYYYMMDD) 20150715  
 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)  
 ESIGNED BY: DIETRICH, KOREN G. 1368988487  
 b. DATE (YYYYMMDD) 20150701  
 KOREN G DIETRICH, GS07, HUMAN RESOURCES LEAD

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION  
 RELEASE FROM ACTIVE DUTY TRAINING  
 24. CHARACTER OF SERVICE (Include upgrades)  
 HONORABLE

25. SEPARATION AUTHORITY  
 AR 635-200, CHAP 4  
 26. SEPARATION CODE  
 MBK  
 27. REENTRY CODE  
 1

28. NARRATIVE REASON FOR SEPARATION  
 COMPLETION OF REQUIRED ACTIVE SERVICE  
 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)  
 NONE

30. MEMBER REQUESTS COPY 4 (Initials) NRM