The North Dakota Air National Guard does NOT maintain an official copy of the member's record after discharge. All ND ANG records of member discharged prior to 1996 are stored on microfiche and can be difficult to copy. Records after 1996 are of good copy quality.

To obtain a complete copy of an official military record utilize the following web site: http://www.americanwarlibrary.com/htomr.htm#1 or contact the National Archives Records Center 1 Archives Drive, St. Louis, MO 63138 Phone: 314-801-9195 fax: 314-801-9195 http://www.archives.gov/ or Email: MPR.center@nara.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

Name______________________________ **DOB**______________

Maiden/Other Name__________________ **SSN**____________ **SN**__________

Address____
Street City State Zip

Branch of Military:____________ **AD/NG/Res** (Circle one) **Dates of Service:**____________ **Rank:**______

I hereby authorize Joint Forces Headquarters- MPMO-A1
Name person/facility

PO Box 5511, Bismarck, ND 58506-5511
Address of person/facility

To release to____
Name of person/facility to receive information (if it is the same as above just write same.)

____
Address of person/facility to receive information

____
Telephone: FAX:

The following information:

______DD Form 214 (Active Duty discharge) ______NGB Form 22 (NG discharge)
______NGB Form 23 (Retirement History)
______Other: (Specify)

Reason for Request:

____

____

Requestor's Consent:
This authorization is voluntary and remains in effect unless specifically revoked by written notice to the facility or person or expires on ____________ . If an expiration date is not entered, authorization will expire one year from date of signature. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule. A photocopy of this release is as effective as the original. If Power of Attorney is used, a copy of Power of Attorney must accompany request.

______________________ ____________ ____________
Signature of Person or Responsible Party Relationship Date

Meets requirements of Health Insurance Portability and Accountability Act of 1996 (PL 104-191)

Send completed form(s) to: JFHQ, MPMO- Air, PO Box 5511, Bismarck, ND 58506-5511
POC: Shyla Wesson, 701-333-2287

NDTAA Form ROI dated 10 January 2008