

REQUEST FOR SERVICE RECORDS

FULL NAME _____

FULL SSN _____

YEAR AND DATE OF DISCHARGE _____

HOME OR CELL PHONE # _____

MAILING ADDRESS OR RETURN FAX # _____

SIGNATURE _____

(Original Signature Required)

WRITE A SMALL EXPLANATION OF WHAT FORMS YOU ARE REQUESTING AND
WHAT YOU NEED THEM FOR.

THIS REQUEST CAN BE FAXED, EMAILED OR MAILED TO OUR OFFICE.

FAX (505) 474-1175 PHONE (505) 474-1241/1262

EMAIL ng.nm.nmarng.list.mailroom@mail.mil

ADDRESS ATTN: RECORDS HOLDING AREA
22A BATAAN BLVD
SANTA FE, NM 87508