

REQUEST FOR RECORDS FROM WAREHOUSE

(Please make sure name is the FULL name used during service)

LAST NAME _____ FIRST NAME _____

MIDDLE NAME: _____ SUFFIX: _____

OFFICER: _____ ENLISTED: _____

SC AIR GUARD _____ SC ARMY GUARD _____

SOCIAL SECURITY AND/ OR SERVICE NUMBER: _____

DOB: _____ DISCHARGE DATE YEAR: _____

REASON FOR REQUEST: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIPCODE: _____

E-MAIL ADDRESS: _____

DAYTIME PHONE NUMBER: _____

DATE REQUESTED: _____

PRINT NAME: _____

SIGNED NAME: _____

REMARKS: _____

**THIS WAREHOUSE HAS THE RECORDS FOR SOUTH CAROLINA
ARMY/AIR NATIONALGUARDS ONLY. WE DO NOT HAVE INFORMATION
FOR ANY OTHER BRANCHES.**

**ANY QUESTIONS CALL JL SULLIVAN AT 803-806-4108, FAX 803-806-4109 OR
E-MAIL: JL.SULLIVAN@NG.ARMY.MIL**