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### REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online 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) Majewski, James, Richard	2. SOCIAL SECURITY # [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. PLACE OF BIRTH Toledo, Ohio
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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	U.S. Air Force	1999	2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. IS THIS PERSON DECEASED?  NO  YES - MUST provide Date of Death if veteran is deceased: \_\_\_\_\_

8. 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 (Date of Separation): \_\_\_\_\_  
This form contains information used to verify military service. An UNDELETED DD Form 214 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. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>  
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:  I want a DELETED copy.

Official Military Personnel File (OMPF): The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

Medical Records: Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.  
 I request inpatient/hospitalization records from \_\_\_\_\_ (facility), last treated in \_\_\_\_\_ (year). (NOTE: Fields are required)  
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

Dental Records: Please check this box if ONLY dental records are needed from the medical record.

Other (Please Specify): Publicly releasable/redacted copy of OMPF per Freedom of Information Act statutes

2. PURPOSE: (Providing information about the purpose of the request is 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: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits.

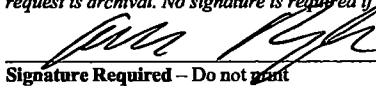
#### SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: Abraham Payton

2. RELATIONSHIP TO VETERAN: N/A

3.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
 I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)  
 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 (Specify): Background Investigation Analyst

4. SEND INFORMATION/DOCUMENTS TO:  
(Please print or type. See item 4 on accompanying instructions.)  
Due Diligence Group, LLC  
Name  
20711 Holt Avenue #982  
Street Address Apt. #  
Lakeville MN 55044  
City State ZIP Code  
(571) 229-7325 (202) 747-7686  
Daytime Phone Fax Number  
records@duediligencegroupllc.com  
Email Address

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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.)  
  
Signature Required - Do not print Date 05/24/2022

\* 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. \*

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1. NAME USED DURING SERVICE (last, first, full middle) Majewski, James, Richard	2. SOCIAL SECURITY # [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. PLACE OF BIRTH Toledo, Ohio
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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	U.S. Air Force	1999	2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. IS THIS PERSON DECEASED?  NO  YES - MUST provide Date of Death if veteran is deceased: \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

#### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

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If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

Dental Records: Please check this box if ONLY dental records are needed from the medical record.

Other (Please Specify): Publicly releasable/redacted copies of documents included in military personnel file beyond DD Form 214/215

2. PURPOSE: (Providing information about the purpose of the request is 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: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits.

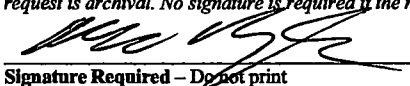
#### SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: Abraham Payton

2. RELATIONSHIP TO VETERAN: N/A

3.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
 I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)  
 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 (Specify): Background Investigation Analyst

4. SEND INFORMATION/DOCUMENTS TO:  
(Please print or type. See item 4 on accompanying instructions.)  
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Street Address Apt #  
Lakeville MN 55044  
City State ZIP Code  
(571) 229-7325 (202) 747-7686  
Daytime Phone Fax Number  
records@duediligencegroupllc.com  
Email Address

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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.)  
  
Signature Required - Do not print  
05/24/2022  
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1. NAME USED DURING SERVICE (last, first, full middle) Majewski, James, Richard	2. SOCIAL SECURITY # [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. PLACE OF BIRTH Toledo, Ohio
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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	U.S. Air Force	1999	2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. IS THIS PERSON DECEASED?  NO  YES - MUST provide Date of Death if veteran is deceased: \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

#### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

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 I request inpatient/hospitalization records from \_\_\_\_\_ (facility), last treated in \_\_\_\_\_ (year). (NOTE: Fields are required)  
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

Dental Records: Please check this box if ONLY dental records are needed from the medical record.

Other (Please Specify): Certificate of Release/Discharge, Career Retirement Credit Record

2. PURPOSE: (Providing information about the purpose of the request is 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: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits.

#### SECTION III - RETURN ADDRESS AND SIGNATURE

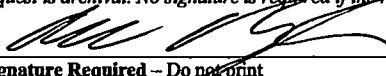
1. REQUESTER NAME: Abraham Payton

2. RELATIONSHIP TO VETERAN: N/A

3.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
 I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

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)  
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Street Address Apt #  
Lakeville MN 55044  
City State ZIP Code  
(571) 229-7325 (202) 747-7686  
Daytime Phone Fax Number  
records@duediligencegroupllc.com  
Email Address

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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.)  
  
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## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle) Majewski, James, Richard		2. SOCIAL SECURITY # [REDACTED]		3. DATE OF BIRTH [REDACTED]		4. PLACE OF BIRTH Toledo, Ohio	
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	U.S. Air Force	1999	2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. IS THIS PERSON DECEASED?  NO  YES - MUST provide Date of Death if veteran is deceased: \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

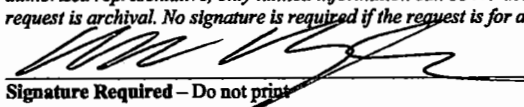
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- Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
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2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it 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.)

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Explain here: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits.

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: <u>Abraham Payton</u>		2. RELATIONSHIP TO VETERAN: <u>N/A</u>	
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above. <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)		<input type="checkbox"/> 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) <input checked="" type="checkbox"/> OTHER (Specify): <u>Background Investigation Analyst</u>	
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)		5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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.)	
<u>Due Diligence Group, LLC</u>			
Name		Date: <u>05/24/2022</u>	
<u>20711 Holt Avenue</u>		Apt. #	
Street Address		ZIP Code	
<u>Lakeville</u>	<u>MN</u>	<u>55044</u>	
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<u>(571) 229-7325</u>	<u>(202) 747-7686</u>	Signature Required - Do not print	
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7. IS THIS PERSON DECEASED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____							
8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES							

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Explain here: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits.

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: Abraham Payton

2. RELATIONSHIP TO VETERAN: N/A

3.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
 I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)  
 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 (Specify): Background Investigation Analyst

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City State ZIP Code  
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records@duediligencegroupllc.com  
Email Address

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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.)  
  
Signature Required - Do not print Date: 05/24/2022

\* 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. \*

### REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online 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) Majewski, James, Richard		2. SOCIAL SECURITY # [REDACTED]		3. DATE OF BIRTH [REDACTED]		4. PLACE OF BIRTH Toledo, Ohio	
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	U.S. Air Force	1999	2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		
6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____							
7. IS THIS PERSON DECEASED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____							
8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 (Date of Separation): \_\_\_\_\_  
This form contains information used to verify military service. An UNDELETED DD Form 214 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. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>  
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:  I want a DELETED copy.
- Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.  
 I request inpatient/hospitalization records from \_\_\_\_\_ (facility), last treated in \_\_\_\_\_ (year). (NOTE: Fields are required)  
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- Other (Please Specify):** Publicly releasable/redacted copies of documents included in military personnel file beyond DD Form 214/215

2. PURPOSE: (Providing information about the purpose of the request is 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: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits.

#### SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: <u>Abraham Payton</u>		2. RELATIONSHIP TO VETERAN: <u>N/A</u>	
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above. <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)		<input type="checkbox"/> 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) <input checked="" type="checkbox"/> OTHER (Specify): <u>Background Investigation Analyst</u>	
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)			
<b>Due Diligence Group, LLC</b>			
Name			
<u>20711 Holt Avenue</u>		<u>#982</u>	
Street Address		Apt. #	
<u>Lakeville</u>		<u>MN</u>	
City		State	
<u>(571) 229-7325</u>		<u>(202) 747-7686</u>	
Daytime Phone		Fax Number	
<u>records@duediligencegroupllc.com</u>			
Email Address			

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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.)

[Signature] 05/24/2022  
Signature Required - Do not print Date

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