

REQUEST FOR INFORMATION FROM MILITARY PERSONNEL RECORDS

FILE REFERENCE (FOR RECORD CENTER USE)	DATE
--	------

CHP 446C (Rev. 6-98) OPI 094

SOCIAL SECURITY NUMBER (FOR POSITIVE IDENTIFICATION ONLY)	DATE AND PLACE OF BIRTH
---	-------------------------

I hereby authorize the California Highway Patrol to investigate my past military record and to ascertain any and all information which may concern my record, character, physical and mental condition, whether the same is of record or not, including but not limited to: DD 214, copy of all official military personnel records including derogatory information, (judicial or non-judicial), facts and circumstances surrounding discharge or release from active duty, a copy of physical examinations, a copy of my entire medical records, information related to actual or suspected drug, alcohol, and alcohol and/or drug rehabilitation data, and/or psychiatric problems. I hereby release the United States government and all persons whomsoever from any charge because of furnishing such information. I authorize the National Records Center, St. Louis, Missouri, or Department of the Air Force Headquarters Personnel Center, Denver, Colorado, or other custodian of my military record to release to the California Highway Patrol information and/or photocopies of records referred to above. This authorization is valid for one year from the date I indicate below.

TO BE COMPLETED BY APPLICANT

PRINTED NAME	SIGNATURE	DATE
ADDRESS		

ALL PERIODS OF ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	DATE ACTIVE DUTY BEGAN	DATE ACTIVE DUTY ENDED	GRADE, RATE, OR RANK	SERVICE NUMBER(S)
-------------------	------------------------	------------------------	----------------------	-------------------

PERIODS OF MILITARY RESERVE MEMBERSHIP DATING AFTER ACTIVE DUTY SHOWN ABOVE

BRANCH OF SERVICE	DATE ACTIVE DUTY BEGAN	DATE ACTIVE DUTY ENDED	GRADE, RATE, OR RANK	SERVICE NUMBER(S)
-------------------	------------------------	------------------------	----------------------	-------------------

IS INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?

No Yes (show branch)

THIS SPACE FOR RECORDS OFFICE USE (Show active service only)

BRANCH OR COMPONENT	DATE OF ENTRY	DATE OF SEPARATION	SEPARATION DATA AND OTHER REMARKS, AS APPROPRIATE

RECORD OF DISCIPLINARY ACTIONS

TYPE	DATE	OFFENSE(S) AND OTHER DATA, AS APPROPRIATE

NEUROPSYCHIATRIC HISTORY

None See attached See remarks

OTHER SIGNIFICANT MEDICAL HISTORY

None See attachment Will be furnished separately

- Medical records have been lent to the Veteran's Administration.
- Records have been recalled. Requested medical data will be furnished separately.
- Medical data may be obtained from the V.A. office shown below. Please refer to V.A. Claim Number C-_____

REMARKS (USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED)

RETURN TO:	DATE OF REPLY
	RECORDS OFFICE OFFICIAL SIGNATURE