

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 NATIONAL GUARDS ONLY. WE DO NOT HAVE INFORMATION
FOR ANY OTHER BRANCHES.**

**ANY QUESTIONS CALL JL SULLIVAN AT 803-299-4108, FAX 803-806-4109 OR
E-MAIL: JAMES.L.SULLIVAN12.CTR@MAIL.MIL**