



OFFICE USE ONLY
 CASH: _____
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WES MOORE
 GOVERNOR
 COMMANDER-IN-CHIEF

STATE OF MARYLAND
 MILITARY DEPARTMENT
 FIFTH REGIMENT ARMORY BALTIMORE,
 MARYLAND 21201-2288

JANEEN L. BIRCKHEAD
 MAJOR GENERAL
 THE ADJUTANT GENERAL

REQUEST FOR MARYLAND ARMY/AIR NATIONAL GUARD & MDDF SERVICE DOCUMENTS ONLY

*****\$15.00 PROCESSING FEE AND VALID PHOTO ID REQUIRED*****

Documents will be provided by digitally means unless otherwise requested

“PAYABLE TO: STATE OF MD, MILITARY DEPARTMENT”

MAIL REPLY TO:

STATE OF MARYLAND
 MILITARY DEPARTMENT
 ATTN: MDNG-AG-ARCHIVES (MR. GARY)
 29TH DIVISION STREET
 FIFTH REGIMENT ARMORY
 BALTIMORE, MD 21201-2288

Work: #667-296-4120
 Email: matthew.gary@maryland.gov
 matthew.d.gary.nfg@army.mil

*PRINT: _____, _____, _____
 (LAST NAME) (FIRST NAME & SUFFIX) (MIDDLE NAME)

*MAILING ADDRESS: _____
 (FULL MAILING ADDRESS: STREET, CITY, ZIP CODE)

*SOCIAL SECURITY NUMBER: _____ - _____ - _____ *PHONE # _____

DATE OF DISCHARGE/SEPARATION: _____ LAST UNIT ASSGN: _____

*DATE OF BIRTH: _____ SERVICE # _____ RANK: _____ SERVICE: _____
 (PRIOR TO 1 JULY 1969)

EMAIL ADDRESS: _____

CHECK DOCUMENTS REQUESTED:

NGB 22 NGB 23/AF 526 SEPARATION ORDER DD 214

OTHER DOCUMENTS: _____

A COPY OF VALID FORM OF PHOTO ID IS REQUIRED TO VERIFY INDENTITY. ADDRESS SHOULD MATCH ID PROVIDED. YOUR AUTHORIZATION IS REQUIRED FOR THE RELEASE OF INFORMATION TO ANYONE OTHER THAN YOURSELF. INDICATE BELOW WHO YOU WISH TO RELEASE INFORMATION TO AND PROVIDE A CONTACT NUMBER FOR THE INDIVIDUAL.

I, _____, DO HEREBY AUTHORIZE THE INDIVIDUAL(S) INDICATED BELOW TO HAVE ACCESS TO ALL OF MY MILITARY PERSONNEL RECORDS. FORWARD REQUESTED INFORMATION TO: _____

* YOUR SIGNATURE: _____

***DENOTES REQUIRED FIELDS.**