DECODD SEDVICES DECLIEST ECDM					
RECORD SERVICES REQUEST FORM					
DFAS Cleveland (JFLT) 1240 East 9th Street					
Cleveland, OH 44199					
Phone: (888) 332-7411 Fax: (216) 367-3606					
Send Fax or Email Completed Request Form To:					
DFAS.CLEVELAND-OH.JFL.MBX.MCRECORDS@MAIL.MIL					
	ecords Available:	Navy: Marine Res		Jan 1993 thru Jan 1998 Jan 1982 thru Present	
Arc	ecords Available:			Jun 1969 to Present	
These documents are required to fulfill your request in accordance with DFAS 5015.2-M, Volume					
					20, Rule 3: This Record Services a copy of the requestor's current
					nd Military Finance/Administrative
					for military members.
SECTION 1: Information of the Requestor. (* Fields Required)					
Requestor's Name *					
Phone Number *			Email *		
Mailing Address: *	Street				
	City			State	Zip Code
SECTION 2: Member's Record being Requested. (* Fields Required)					
Member's Name *					
Military Rank			Military Unit		
Full SSN *			EDIPI/DoD ID I		
** Full SSN Only required for records prior to					uired for records requested from October
Oct 2014, and if EDIPI/DoDID # are unknown 2014 thru Present					
SECTION 3: What Records are Being Requested. (* Fields Required)					
Requesting LES(s), W2s, or Both? *					
Requesting Marine o	Records? *				
Request is for Active/Reserve/Both? *					
Detailed Description of Request:					
* Must provide specific Years and Months of records being requested.					
** If request is to verify Disability Severance or other type of Separation Severance Pay, Pay Entry Base Date (PEBD) and					
Discharge Date is needed.					
	n inco-	o of valid governme	ant photo ID	f the Der	upstor must accompose this completed
I understand that an image of valid government photo ID of the Requestor must accompany this completed form, in order to process this request.					
		10111, 11		s uns requ	
Requestor's Signatu	re				Date

Important Notes for Records Requests:

* All request are processed in the order received.

* The organizational mailbox above cannot accept encrypted emails. If document request is submitted via an encrypted email, no action will be taken because DFAS is unable to open the email.

* Normal turnaround for records request is 15-20 working days. However turnaround time may vary dependent upon volume of requests.

*Unless U.S. postal mailing of records is specifically requested, ALL requests will be sent the requestor via email; utilizing DoD Safe Document Exchange.

* Request must be signed.

* Copy of the requestor's government ID is required for processing. Include a scanned/faxed copy of your military ID, driver's license, passport or other government issued photo ID. **ANY REQUESTS THAT ARE SUBMITTED WITHOUT AN ACCEPTABLE ID ATTACHED WILL NOT BE PROCESSED.** If faxing Photo ID, please make sure the image is lightened to display a clear Image of Photo ID.

* For requests submitted by a service member's Power of Attorney appointee, a scanned/faxed copy of the Power of Attorney is required; in addition to the copy of the requestor's government issued photo ID.

*** IAW U.S. Code, Title 18, Section 1001, Anyone who knowingly and willfully:

- Falsifies, conceals, or covers up a material fact

- Makes any false, fictitious, or fraudulent statements

- Represents, makes, or uses any false writing or document containing any false,

fictitious, or fraudulent statement or entry

- Shall be fined and/or imprisoned not more than 5 years.