

DD214 Request Form

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Please Print Clearly

First: _____ **Middle:** ____ **Last:** _____

Street Address: _____

City: _____ **State:** DE* **Zip:** _____

Date of Birth: _____

Place of Birth: _____

Telephone: _____

Branch of Service: _____

Dates of Service: _____

SSN: _____

Rank: _____

U.S. Senator Tom Carper has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office.

Signature: _____

Print this form and send any additional paperwork to:

Senator Tom Carper
Attn: Jymayce Wescott
12 The Circle
Georgetown, DE 19947

*This service is only available for Delaware residents. If you are not a Delaware resident, please contact your local delegation in your respective state.