Texas Military Department
Archived records request process

If you are a Veteran seeking your own Texas Military Department archived records or if you are a credentialed Veteran Service Officer or work for the DoD, VA or military branch and are seeking Texas National Guard records in an official capacity use the matrix below to request records. You will need to submit your request using a Standard Form 180, fillable form link: https://www.archives.gov/veterans/military-service-records/standard-form-180.html

<table>
<thead>
<tr>
<th>Texas Military Department Component</th>
<th>Personnel Records</th>
<th>Medical Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Army National Guard separation before Oct 1992</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Texas Army National Guard separation between Oct 1992 to Dec 2013</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Texas Army National Guard separation after Jan 2014</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Texas Air National Guard separation before May 1994</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Texas Air National Guard separation between May 1994 to Oct 2004</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Texas Air National Guard separation between Oct 2004 to Dec 2013</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>Texas Air National Guard separation after Dec 2013</td>
<td>C</td>
<td>E</td>
</tr>
<tr>
<td>Texas State Guard separation before 2020</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

Department of Veterans Affairs
ATTN: Release of Information
Claims Intake Center
P.O. Box 4444
Janesville, WI 53547-4444
Fax: 844-531-7818
https://www.va.gov

Air Reserve Personnel Center
HQ ARPC/DPTSC
18420 E Silver Creek Ave, Bldg 390 MS 68
Buckley AFB, CO 80011
Phone: (800) 525-0102
https://myfss.us.af.mil/USAFCOMmunity/s/login/

AMEDD Army Record Processing Center
3370 Nacogdoches Road, Suite 116
San Antonio, TX 78217
Fax Number: 210-201-8310

AF STR Processing Center
ATTN: Release of Information
3370 Nacogdoches Road, Suite 116
San Antonio, TX 78217

If you are seeking someone else’s Texas National Guard records, you must submit a Standard Form 180 to the Freedom of Information Act (FOIA) office.

Texas Military Office of the Adjutant General
ATTN: General Counsel, JFTX-GCF (FOIA Officer)
PO Box 5218 Austin, TX 78763-5218
Phone: 512-782-5443
FAX: 512-782-6988
Email: ng.tx.txarng.mbx.freedom-of-information-act@army.mil
REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at https://www.archives.gov/veterans-military-service-records/

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)  
2. SOCIAL SECURITY #  
3. DATE OF BIRTH  
4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

<table>
<thead>
<tr>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ACTIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. RESERVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. NATIONAL GUARD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1.  

7. IS THIS PERSON DECEASED? □ NO □ YES - MUST provide Date of Death if veteran is deceased:  

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? □ NO □ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ DD Form 214 or equivalent: Year(s) in which form(s) issued to veteran (Date of Separation).

☐ Official Military Personnel File (OMPF): The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

☐ Medical Records: Includes health ( outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.  

☐ Dental Records: Please check this box if ONLY dental records are needed from the medical record.

☐ Other (Please Specify):

2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME:

☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

4. SEND INFORMATION/DOCUMENTS TO:  
( Please print or type. See item 4 on accompanying instructions.)

Name
Street Address
City
State
ZIP Code
Daytime Phone
Fax Number
Email Address

2. RELATIONSHIP TO VETERAN:

☐ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
☐ OTHER (Specify):

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required – Do not print

Date

* This form is available at https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf on the National Archives and Records Administration (NARA) website.*