

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>

Texas Military Department Component	Personnel Records	Medical Records
Texas Army National Guard separation before Oct 1992	A	A
Texas Army National Guard separation between Oct 1992 to Dec 2013	A	B
Texas Army National Guard separation after Jan 2014	A	D
Texas Air National Guard separation before May 1994	A	A
Texas Air National Guard separation between May 1994 to Oct 2004	A	B
Texas Air National Guard separation between Oct 2004 to Dec 2013	C	B
Texas Air National Guard separation after Dec 2013	C	E
Texas State Guard separation before 2020	A	

A Texas Military Department
ATTN: NGTX-AHP, BLDG 34
2200 W. 35th Street
Austin, TX 78703-1222
Email: ng.tx.txarng.list.j1-perms@army.mil
Phone: 512-782-5164

B 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>

C 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/>
<https://milconnect-pki.dmdc.osd.mil/milconnect/protected/portlet/dpris>

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

E 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: 737-358-9003 (ATTN: FOIA)

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.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____

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): _____
This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.
- 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.
 I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- 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: _____		2. RELATIONSHIP TO VETERAN: _____	
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.		<input type="checkbox"/> 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)	
<input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)		<input type="checkbox"/> OTHER (Specify): _____	
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)			
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.)			
Name _____		Signature Required – Do not print _____	
Street Address _____ Apt. # _____		Date _____	
City _____ State _____ ZIP Code _____		* This form is available at https://www.archives.gov/veterans/military-service-records/standard-form-180.html on the National Archives and Records Administration (NARA) website. *	
Daytime Phone _____ Fax Number _____			
Email Address _____			