For NGND-G1 Internal Use Only:

	Initials	Date
Received		
Completed		
Mailed/Faxed/Other_____ (circle all that apply)		

AUTHORIZATION FOR RELEASE OF INFORMATION

(Please ensure all lines are completed. Non answered lines may delay response time.)

Name_____ **DOB**_____ **Phone #**_____

Maiden/Other Name_____ **SSN**_____ **SN**_____

Address_____
Street City State Zip

Branch of Military:_____ **AD/NG/Res** (Circle one) **Dates of Service:**_____ **Rank:**_____

I hereby authorize North Dakota Army National Guard ATTN: NGND-G1-MPA, P.O. Box 5511,

Bismarck, ND 58506-5511 FAX: 701-333-3082

To release to:_____
Full Name of person/facility to receive information

Release by: Mail _____
Address of person/facility to receive information and Telephone Number

Fax: _____
Fax number of person/facility to receive information and Telephone Number

Email Address:_____
Email Address of person/facility to receive information and Telephone Number

The following information:

_____DD Form 214 (Active Duty discharge) _____NGB Form 22 (NG discharge)
_____NGB Form 23 (Retirement History) _____Medical documentation dated/related to:
_____Other: (Specify below)

_____

Reason for Request:

_____

_____

Requestor's Consent:

This authorization is voluntary and remains in effect unless specifically revoked by written notice to the facility or person or expires on_____. If an expiration date is not entered, authorization will expire one year from date of signature. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule. A photocopy of this release is as effective as the original. If Power of Attorney is used, a copy of Power of Attorney must accompany the request. Requested document(s) may contain Personally Identifiable Information such as name, address or social security number. I authorize the sender to transmit these documents to me as identified above.

_____

Signature of Person or Responsible Party Relationship Date

Meets requirements of Health Insurance Portability and Accountability Act of 1996 (PL 104-191)

Send completed form(s) to:

North Dakota Army National Guard, ATTN: NGND-G1-MPA, P.O. Box 5511, Bismarck, ND 58506-5511

NDTAA FORM ROI Dated 19 September 2018 (Previous Editions are Obsolete)