



# EL PASO COUNTY

Robert C. "Bob" Balink  
Clerk & Recorder

## OFFICE OF THE CLERK & RECORDER

Recording Department  
Sandy Hook, Manager  
sandyhook@elpasoco.com

### REQUEST FOR DD 214

Generally the Colorado Open Records Act permits access to a variety of information. However, such access is denied when it would be contrary to any State or Federal statute or regulation (CRS 24-72-204). While Colorado permits members of the military, who have separated from service, to file their DD 214 at no cost with the Clerk and Recorder, federal law (5 USC 552(b)(6) restricts access to such personnel, medical and similar files. The National Archives and Records Administration (NARA) has formulated certain requirements for the dissemination of military records such as the DD 214, and this office adopts those requirements.

Copies of DD 214's are available to Veterans and next-of-kin of deceased veterans. Next-of-kin are the unremarried widow or widower, son, daughter, father, mother, brother or sister of the deceased veteran. Authorized third party requesters may submit requests for copies of a DD 214 from individual records with the veteran's, or if deceased, next of kin's signed and dated authorization.

**FOR A COPY OF A DD 214 PLEASE COMPLETE THE FOLLOWING AUTHORIZATION. PHOTO IDENTIFICATION OF VETERAN AND AUTHORIZED PERSON (IF APPLICABLE) IS REQUIRED IN ORDER TO PROCESS A REQUEST.**

**Veteran:**

*I authorize the El Paso County Clerk & Recorder to release to me a copy of my DD 214.*

\_\_\_\_\_

Veteran's Signature

\_\_\_\_\_

Veteran's Name (Please Print)

\_\_\_\_\_

Veteran's Date of Birth

\_\_\_\_\_

Approximate Date DD 214 Recorded

\_\_\_\_\_

Telephone Number

**Authorized Person (if applicable):**

*I authorize the El Paso County Clerk & Recorder to release a DD 214 copy to*

\_\_\_\_\_

Name of Authorized Person (Please Print)

\_\_\_\_\_

Relationship to Veteran

\_\_\_\_\_

Signature of Authorized Person

Deputy Clerk/Date \_\_\_\_\_

Reception # or Book & Page \_\_\_\_\_

Check type of Identification:  Drivers License  Military ID  Passport  Veterans ID  Other

**Please PRINT name and address to whom DD-214 form should be mailed:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Mail Request with copy of ID to:**

**El Paso County Clerk & Recorder  
200 South Cascade Avenue  
Colorado Springs, CO 80903  
or**

**Fax to: (719) 520-6971**