

Medical Records Request Letter

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Department of Veterans Affairs
Records Management Center

Subject: Request for Medical Records for Veterans' Benefits

Dear Sir/Madam,

I am writing to request a copy of my medical records to support my application for veterans' benefits. I am a veteran of [Branch of Service] and served from [Start Date] to [End Date]. My Social Security Number is [Your SSN].

To facilitate my request, please find enclosed copies of the following documents:

- *Proof of my identity (e.g., copy of driver's license)*
- *Service Record or DD Form 214*

Please send the requested records to my address listed above, or contact me at [Your Phone Number] if you need further information to process this request.

Thank you for your assistance.

Sincerely,

Your Name