

BGI Associates LLC
Military Service Release Form
400 South State Street Suite 130
Zeeland, MI 49464
(616)239-1040

Date: ____/____/____

To Whom It May Concern,

I _____, authorize BGI Associates LLC to access my personal military record including, but not limited to a copy of my DD for 214 to verify military service.

Name: _____

D.O.B.: _____

SSN: _____

Service Number: _____

Branch: _____

Dates Enlisted: _____

Signature: _____

Please email information back to info@bgiassociates.com

**Or mail to: BGI Associates LLC
400 South State Street Suite 130
Zeeland, MI 49464
(616)239-1040**