

I N C U I R I E S, Inc.
Offering A Full Menu of Investigative Services

 / /
Date

To Whom It May Concern,

I, _____, authorize Inquiries Inc. to access my personal military records including, but not limited to a copy of my DD Form 214 to verify Military service.

Name: _____

Birth Date: _____

SSN: _____

Service Number: _____

Branch: _____

Dates enrolled: _____

Signature: _____

Please send information back to secure fax number (866) 887-3767

Or Email to Operations@inquiriesinc.com

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