



**Human Resources
Military DFAS Form**

I _____, authorize the Department of Defense / Defense Finance and Accounting Services (DFAS) to release to the City of San Jose all payment records related to my military service for the period of time beginning _____ and ending _____.

Name: _____

Branch of Service: _____

Rank: _____

Social Security Number: _____ - _____ - _____

If you have questions related to this request, please contact me at:

or

Emily Hendon, Senior Analyst in Human Resources at (408) 975-1448.

Employee Signature

Date