

**Instructions for completing**  
**USMEPCOM Form 680-3A-2, Authorization For Medical Records Release**  
(December 2021)

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### General

USMEPCOM Form 680-3A-2 serves as written authorization from a civilian applicant<sup>1</sup> for USMEPCOM to request medical records/information from all healthcare providers, clinics, and inpatient facilities. Information collected from this authorization is used to validate preexisting medical conditions during the prescreen examination process.

### Procedures

UMF 680-3A-2 will be completed, signed, and dated by the applicant (and parent or guardian, when required) and submitted with a completed UMF 680-3A-1 (FCRA Authorization) and DD Form 2807-2 (Accessions Medical Prescreen Report) as part of the medical prescreen process IAW the Supporting Medical Documentation Review Program (SMDRP) Standard Operating Procedure (SOP).

### Instructions

▪ **Section 1 - Applicant Information:**

- Block 1a: Applicant will legibly enter their full legal name (last, first, middle initial) ~~in~~ **capital letters**, including the appropriate suffix (e.g., Jr., Sr., etc.) as required. Entering a nickname in lieu of a full legal first name is not authorized (e.g., Jeff vs. Jeffrey or Bill vs. William).
- Block 1b: Applicant will enter their date of birth from the drop-down calendar.
- Block 1c: Applicant will enter their Social Security Number as reflected on UMF 680-3A (Request for Examination), or an authorized SSN verification document.
- Block 1d: Applicant will enter their DoD ID number, if known (e.g., applicant is a military dependent).
- Block 1e: Applicant will enter their current mailing address (house/apartment number, street, city, state, and zip code).
- Block 1f: Applicant will enter their telephone number.
- Block 1g: Applicant will enter their current medical insurance company name; if none, applicant will annotate “none” **and sign to affirm no current medical insurance**.
- Block 1h: Applicant will enter their current medical provider’s name; if none, applicant will annotate “none” **and sign to affirm no current medical provider**.
- Block 1i: Applicant will enter current medical insurance company address (if block 1g states “none”, this field may remain blank).
- Block 1j: Applicant will enter current medical provider address (if block 1h states “none”, this field may remain blank).

▪ **Section 2 - Records Release Authority:**

- Block 2a: Applicant will use this block to request all records.
- Block 2b: Applicant will use this block to request specific records.
- Block 2c: Applicant may use this block to provide any specific comments describing the request.

▪ **Section 3 - Records To Be Sent To<sup>2</sup>:**

- Block 3a: Applicant will enter the appropriate MEPS/RPS.

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<sup>1</sup>Signature authorization includes parent or legal guardian when applicant is a minor.

<sup>2</sup>Section 3 may be completed by the Applicant, Recruiter, or Service Liaison.

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- Block 3b: Applicant will enter the MEPS/RPS mailing address.
  - Block 3c: Applicant will enter the MEPS/RPS phone number.
  - Block 3d: Applicant will enter the MEPS/RPS FAX number.
  - Block 3e: Applicant will enter the MEPS/RPS point of contact (e.g., “MEPS Medical Department” or “MEPS CMO”). This entry is not required to be a person’s name.
- **Section 4 - Applicant will be afforded adequate time to read Section 4 in its entirety**
  - **Section 5 - Applicant Authorization:**
    - Block 5a: Applicant will sign in ink, or via digital signature.
    - Block 5b: Applicant will select the date from the drop-down calendar.
  - **Section 6 - Parent or Guardian Authorization<sup>1</sup>:**
    - Block 6a: Applicant’s parent or legal guardian will enter their full legal name (last, first, middle initial) ~~in capital letters~~, including the appropriate suffix (e.g., Jr., Sr., etc.) as required.
    - Block 6b: Applicant’s parent or legal guardian will sign in ink, or via digital signature. The parent or guardian’s signature is required for an applicant considered a minor by law.
    - Block 6c: Applicant’s parent or legal guardian will enter the date signed from the drop-down calendar.

**Disposition**

UMF 680-3A-2 will be retained in the applicant’s packet record IAW authorized retention schedules.

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<sup>1</sup>Signature authorization includes parent or legal guardian when applicant is a minor.

<sup>2</sup>Section 3 may be completed by the Applicant, Recruiter, or Service Liaison.