

## **Marine and Navy LES Request Process**

I need the following information before your request is processed and I will try to get the information to you ASAP:

**Your full name:**

**Your full SSN#:**

**Your contact number:**

**Your mailing address:**

**The months and years needed for your LES's: or year of W2.**

**Your signature:**

**A copy of your photo ID:(Please lighten because when faxing your photo ID it becomes very dark) thank you.**

**If requesting information for your spouse or another family member a copy of the Power of Attorney(POA) is needed.**

**If you would like it emailed to you please indicate your email address.**

**Email address: [ccl-mc-record-services@dfas.mil](mailto:ccl-mc-record-services@dfas.mil)**

**Fax#: 216-367-3606**

Thank you,

Michelle E. Garcia  
Management Assistant  
216-204-4575

**FOR OFFICIAL USE ONLY:** This message may contain personnel data or information covered by the Privacy Act of 1974. Please ensure this information is protected from unauthorized access and/or disclosure.