



**PLEASE USE THIS PAGE AS YOUR COVER SHEET.**

FROM: \_\_\_\_\_ FAX # \_\_\_\_\_

TO: LYON RESEARCH FAX 314 754-9690

Please fax both pages of this form. This will help us file your payment and records request together.

Name of person whose records are being obtained

Comments \_\_\_\_\_  
\_\_\_\_\_

We only take credit cards online. Please **do not write your credit card information on this page**, we will not process it. If you do not want to pay with a credit card on line, you may sent a check. Sending a check will not delay the process if you send the check in the mail and fax this form **WITH A COPY OF THE CHECK**, we will obtain your record by the time your check arrives in the mail.

Select the service you are requesting and payment method.  
Leaving this section blank will cause delays in obtaining your record.

You can fax the form and a copy of the check and then mail a check or mail both.

Our mailing address is:

Lyon Research  
Box 645  
Dunn Loring, VA 22027-0645  
1(703) 560-3922  
1(314)754-9690 fax

<b>WE ONLY PROCESS CREDIT CARDS ONLINE NO PHONE ORDERS</b>			
<b>DO NOT WRITE CREDIT INFO ON FAX</b>			
DD214 Retrieval		Credit Card	Check
PRIORITY DD214	\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
PRIORITY 201	\$169.00	<input type="checkbox"/>	<input type="checkbox"/>

**MAILING A CHECK?** YOU MUST **Fax a copy of the Check** with your order form if you would like us to start immediately.

Date you faxed the order form \_\_\_\_\_ Date check mailed \_\_\_\_\_

**SIGN THE REQUEST PAGE**