

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title/Position]
[Organization Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: Request for MHS Genesis Service Member Discharge

I am writing to formally request the discharge of my medical records from the MHS Genesis system pertaining to my service. My details are as follows:

- Name: [Your Full Name]
- Service Number: [Your Service Number]
- Dates of Service: [Your Dates of Service]

Please process this request at your earliest convenience. If you require any additional information or documentation to complete this request, feel free to contact me at the phone number or email address listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Rank/Position, if applicable]