

REPLY TO REQUEST INVOLVING RELIEF AGENCIES

Name of employee/enrollee _____

WE ARE UNABLE TO PROVIDE THE INFORMATION YOU HAVE REQUESTED FOR THE REASONS CHECKED BELOW. IF YOU RESUBMIT YOUR REQUEST, PLEASE INCLUDE ALL ATTACHED PAPERS AND THIS FORM.

- We find no record of civilian employment with the National Youth Administration for the named individual. We believe that the claimed service may have been in the capacity of a youth worker. Youth workers were not considered Federal civilian employees. All personnel records for NYA youth workers have been destroyed in accordance with Congressional authority.
- There was no Federal Emergency Relief Administration in the state of the claimed employment. Apparently, the claimed service was with the State Emergency Relief Administration, which was operated by state and local governments, rather than by the Federal government.
- We need further information before we can process your request. Please furnish the information indicated by the following check blocks.
- Exact name used (including the middle name) at the time of the claimed service _____
- Date of Birth _____
- Home Address (at the time of claimed service) _____
- Parents' names _____
- Exact dates of service (day, month, year) _____
- CCC Company numbers _____
- Exact location of employing office (city and state) _____
- Title(s) and position(s) held _____
- Rate of Pay _____
- Name and location of school _____
- Name and location of sponsoring agency and bureau (if the claimed service was on a project sponsored by a Federal Agency) _____

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

Authority for collection of the information is 44 U.S.C. 2907 and 3103. Disclosure of the information is voluntary. The principal purpose of the information is to assist the National Personnel Records Center in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C. 552a(e)(4)(D) include the transfer of relevant information to appropriate federal, state, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition this form will be filed with the appropriate military or civilian records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor a collection of information unless it displays currently valid OMB control number. The OMB control number for this information collection is 3095-0037. The information requested on this form is being collected and used by the National Personnel Records Center to identify and locate civilian personnel records that could not be identified and located in response to the original inquiry. Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS SHOWN BELOW.

Date: _____

For the Chief,

- Reference Service Branch
 Civilian Operations Branch

NATIONAL PERSONNEL RECORDS CENTER
(Civilian Personnel Records)
1411 Boulder Boulevard
Valmeyer, IL 62295