OMB No. 3095-0037 Expires xx/xx/xxxx

		OMB No. 3095-0037 Expires XX/XX/XXX			
RETU	JRNED REQUEST FORM				
Your Request Is Returned Without Action For The Re Attached Papers, Including This Form.	ason(S) Checked Below. If You Resubmit You	r Request, Please Return All			
Further information is needed before we can locate	the record needed to process your request. Please	e complete the items marked below.			
SOCIAL SECURITY NUMBER	DATE OF BIRTH				
INFORMATION FOR EACH PERIOD OF EMP	PLOYMENT (IF necessary, continue below or on a	separate page)			
NAMES USED DURING FEDERAL SERVICE	EMPLOYING AGENCY AND LOCATIONS	DATES OF EMPLOYMENT			
The request must include the authorization/handwritt	en signature of the person who is the subject of th	e record.			
If you are requesting information on a deceased indiv	vidual, please submit proof of death.				
Please state exactly what information or documents	you need.				
We are unable to locate the requested record based request. If you can furnish any corrected information request.					
A request from a Federal agency for the transfer of a Personnel Folder, or an authorized equivalent. Pleas		Form 127, Request for Official			
Please submit a separate Standard Form 127 for each	ch individual record being requested.				
Please complete the return address block on all copies of Standard Form 127.					
The return address must clearly state the <i>name of th</i> and resubmit your request.	ne Federal Agency with which your office is affiliat	red. Please enter the agency name			
Standard Form 127 may not be used to request infor	mation or copies of documents. Please resubmit y	our request on agency letterhead.			
Standard Form 127 may not be used to request the t Medical Folder, <i>in duplicate</i> .	ransfer of medical records. Please submit Standa	rd Form 184, Request for Employee			
The request form you submitted is only for the use of	Federal agencies. Please resubmit your request	in letter form.			
The agency named in your request does not retire pe	ersonnel records to this Center. Please submit you	ur request directly to that agency.			
The record needed to respond to your request has needed to your r	ot been received at this Center. Please submit you	ur request to the last or current			
The record requested is an Electronic Official Person eOPF website.	nnel Folder (eOPF). Please submit a Standard For	rm 127 electronically through the			

PRIVA	CY A	CTC	F 1974	COMPL	IANCE	INFORM	ATION

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 a 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.

Noad, College Fair, Mid 20140-0001. DO NOT SEND COMFEETED FORMS TO THIS ADDRESS. SEND COMFEETED FORMS TO THE ADDRESS SHOWN BELOW.		
	Date:	
	For the Chief, Reference Service Branch	
	NATIONAL PERSONNEL RECORDS CENTER (Civilian Personnel Records) 1411 Boulder Boulevard Valmeyer, IL 62295	

NATIONAL ARCHIVES AND RECORDS ADMINSTRATION

NA FORM 13022 (REV. 9-09)