



National Archives and Records Administration

Identification Card Request

**A. Identification Card Request** (To be completed by Requester)

1. Replacement Card:  Yes  No 1a. Reason for Replacement:  Defaced  Lost  Expired

2. Background investigation completed:  Yes  No  Unknown

3. Does individual need access to NARANet?  Yes  No

4. Candidate NARA Office Information:

Position/Title:  
NARA Office Code:  
Duty Phone:  
Work Email Address (If available):  
Duty Location (Name/Address):

5. Candidate Affiliation (check all that apply):

Foreign National  NARA employee  Contractor  Volunteer  Foundation  Intern  Other

If other, explain:

6. Candidate Data:

Name (Last, First, Middle) Name Suffix (Jr., Sr., III., etc...) SSN

Name Aliases (Maiden name or any other applicable)

DOB (mm/dd/yyyy) Place of Birth (Country, State, City) Citizenship

Hair Color Eye Color Height Weight

Home Address (City, State, Zip) Personal Phone Personal Email Address

7. Candidate Agency Role:

Building Manager  OIG Special Agent  Public Affairs Official  Safety Official  Security Official

8. Candidate Access:

Explain required access areas needed (e.g., offices, stacks, labs, etc...)

Building 24 Hour Access?  Yes  No

9. If candidate is not a NARA staff member, then which Federal Agency or if Contractor, what is firm Name:

Agency: Firm:

10. Term Employee:

Yes  No If yes, expected departure date (mm/dd/yyyy):

11. Requester Information:

Name (Last, First/MI): Office Code: Duty Phone: Work Email:

Signature: \_\_\_\_\_ Date (mm/dd/yyyy):

See the back of this form for the **Privacy Act Statement** and **Paperwork Reduction Act Public Burden Statement** that apply to the information you are providing.

### **Privacy Act Statement**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by 44.U.S.C. 2104. Disclosure of the information is voluntary. The information provided will be used to prepare and issue an identification card or pass. Additionally, the information may be provided to an expert, consultant, or contractor of NARA to assist NARA in the performance of its duties. If some or any of the information is not provided by the candidate, the effect will be that the identification card or pass may not be issued, resulting in the candidate being denied access to NARA facilities and IT systems.

### **Paperwork Reduction Act Public Burden Statement**

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 3 minutes per response. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the National Archives and Records Administration (ID), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**