

Facility Access Media (FAM) Request

Note: Instructions for completing form are in NARA 275, Background & Identity Verification Process for Access Privileges

(To be completed by requesting official, NOT the candidate)

1. Replacement card: Yes No 1a. Reason for replacement: Damaged Lost Expired

2. Background investigation completed: Yes Type: _____ Date: No Unknown

3. Does candidate need access to NARANet? Yes No

4. NARA office information (about candidate):

Position/title:

NARA office code:

Duty phone:

NARA email address (if applicable):

Work email address (if applicable):

Duty location (name/address):

Classified contract: Yes No

Classified contract #:

Clearance level required:

Current clearance level held:

Date clearance expires:

NOTE: Classified contract listed in visitor log only

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)

Country of citizenship

Hair color

Eye color

Height

Weight

Home address (city, state, zip)

Personal phone

Personal email address

7. Candidate agency role: Not applicable

Building manager OIG special agent Public affairs official Safety official Security official

Federal emergency response official

8. Candidate access:

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

Request 24-hour building access? Yes No

9. If candidate is not a NARA staff member, then which Federal agency, or if contractor, firm's name:

Agency:

Firm:

10. Term employee: Yes No If yes, expected departure date (mm/dd/yyyy):

11. NARA official requesting issuance of FAM:

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 and Paperwork Reduction Act Public Burden Statements 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 Facility Access Media 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 (MP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.