

Facility Access Media (FAM) Request

Note: Instructions for completing form are in NARA 275, Background & Identity Verification Process for Access Privileges
*All dates are formatted as MM/DD/YYYY

(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 Classified contract: Yes No

NARA office code: _____ NARA Classified contract #: _____

Duty phone {e.g. (301) 555-1212}: _____ Clearance level required: _____

NARA email address (if applicable): _____ Current clearance level held: _____

Work email address (if applicable): _____ *Date visit authorization: _____

Duty location (name/address): _____ **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 _____ 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

Form continues on next page

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 candidate: Yes No *If yes, expected departure date:

11. NARA official requesting issuance of FAM:

Name (last, first/MI):

Office code:

Duty phone {e.g. (301) 555-1212}:

Work email:

Signature: _____

*Date:

See below 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.