

## 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

Gender (select from choices in dropdown menu)      Personal phone

Home address (#, street, city, state, zip)

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 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.