

REFERENCE REQUEST--FEDERAL RECORDS CENTERS		NOTE: Use a separate form for each request.			
SECTION I--TO BE COMPLETED BY REQUESTING AGENCY					
ACCESSION NO.		AGENCY BOX NUMBER	RECORDS CENTER LOCATION NUMBER		
		OF			
DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED					
<input type="checkbox"/> BOX					
<input type="checkbox"/> FOLDER (include file number and title)					
REMARKS					
NATURE OF SERVICE					
<input type="checkbox"/> FURNISH COPY OF RECORD(S) ONLY <input type="checkbox"/> PERMANENT WITHDRAWAL <input type="checkbox"/> TEMPORARY LOAN OF RECORD(S) <input type="checkbox"/> REVIEW <input type="checkbox"/> OTHER (Specify)					
SECTION II--FOR USE BY RECORDS CENTER					
<input type="checkbox"/> RECORDS NOT IN CENTER CUSTODY <input type="checkbox"/> RECORDS DESTROYED <input type="checkbox"/> WRONG ACCESSION NUMBER--PLEASE RECHECK <input type="checkbox"/> WRONG BOX NUMBER--PLEASE RECHECK <input type="checkbox"/> WRONG CENTER LOCATION--PLEASE RECHECK <input type="checkbox"/> ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED <input type="checkbox"/> MISSING (Neither record(s), information nor charge card found in container(s) specified) <input type="checkbox"/> RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):		REMARKS			
		DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS
SECTION III--TO BE COMPLETED BY REQUESTING AGENCY					
NAME OF REQUESTER		TELEPHONE NO. <input type="checkbox"/> FTS	DATE	RECEIPT OF RECORDS	
NAME AND ADDRESS OF AGENCY (Include street address, building, room no. and ZIP Code) →				Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center. <input type="checkbox"/>	
				SIGNATURE	
				DATE	
NSN 7540-00-682-6423 5011-108					
PREVIOUS EDITION USABLE					
OPTIONAL FORM 11 (Rev. 7-87) NATIONAL ARCHIVES AND RECORDS ADMINISTRATION 36 CFR 1228.162					