

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
443-02-9750	3-5 OF 24	01/23-45-6-7

DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED
 Scientific data in binders (Vaccination Study 95-96)

BOX

FOLDER (include file number and title)

REMARKS

Please Fed-Ex via account #XXXXXXXX

NATURE OF SERVICE

FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II--FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY RECORDS DESTROYED
- WRONG ACCESSION NUMBER--PLEASE RECHECK
- WRONG BOX NUMBER--PLEASE RECHECK
- WRONG CENTER LOCATION--PLEASE RECHECK
- ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
- MISSING (Neither record(s), information nor charge card found in container(s) specified)
- 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 Jane Doe		TELEPHONE NO. <input type="checkbox"/> FTS 301-555-0000	DATE 4/25/02	RECEIPT OF RECORDS
NAME AND ADDRESS OF AGENCY Jane Doe National Institutes of Health Building 31/4A34 Bethesda, MD 20892-2075 <small>(Include street address, building, room no. and ZIP Code)</small>				
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