

# WAR RELOCATION AUTHORITY EVACUEE CASE FILE REQUEST

1) Name of Evacuee: \_\_\_\_\_

2) Date of Birth: \_\_\_\_\_

3) Head of Family: \_\_\_\_\_

4) Name of War Relocation Authority Center: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If requestor is not one (1) above, please have evacuee sign under the statement below, or provide an explanation of why such permission cannot be obtained.

I hereby give permission to \_\_\_\_\_  
to request an electrostatic copy of my War Relocation Authority evacuee case file.

Signature: \_\_\_\_\_

Permission cannot be obtained from the evacuee because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to the Old Military and Civil Branch, Textual Archives Services Division, National Archives and Records Administration, 700 Pennsylvania Ave., NW, Washington, DC 20408. You will receive a price quotation for copies in approximately 10 working days. Electrostatic copies cost \$0.75 per page. We have a minimum charge of \$15 for all mail orders.