NSN 7540-01-271-8649 1. Date of Request REQUEST FOR EMPLOYEE MEDICAL FOLDER (SEPARATED EMPLOYEE) SECTION I - TO BE COMPLETED BY AGENCY'S DESIGNATED MEDICAL RECORDS MANAGER 2. Current Name (Last, first, middle) 2a. Name Under Which Formerly Employed Federally (If different than item 2) 3. Date of Birth (mm/dd/yyyy) NATIONAL ARCHIVES AND RECORDS ADMINISTRATION NATIONAL PERSONNEL RECORDS CENTER 4. Social Security Number (Civilian Personnel Records) 111 Winnebago Street SUBMIT IN DUPLICATE FOR EACH FOLDER REQUESTED St. Louis, MO 63118 One will be used to send folder or reply to: MEDICAL RECORDS MANAGER Second copy retained by agency for its suspense files. Third copy is for records center use. 5. PREVIOUS FEDERAL EMPLOYMENT AGENCY AND BUREAU LOCATION **FROM** TO 6. Ageny Accession Information (Complete items a. through e. If the last separation date in item 5 is prior to September 1, 1984, and the medical records were retired to this Center as part of an agency accession. If the records were not retired by your agency, contact previous employers for assistance.) b. Accession No. c. Agency Box No. d. Records Center Location No. a. Record Group No. e. Description of Folder (Include file number and title.)

SECTION II - FOR USE BY RECORDS CENTER

a. Folder enclosed.

d. Folder not received. Suggest you contact last Federal Employer

b. Folder not located. Insufficient location information. Suggest you

e. Other

contact last Federal employer.

b. Other (Explain)

c. Folder was sent (Date)

a. Currently employed

8. Remarks

7. REASON FOR REQUEST (Check appropriate box.)

To:

DATE INITIALS

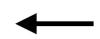
SECTION III - TO BE COMPLETED BY AGENCY'S DESIGNATED MEDICAL RECORDS MANAGER

NAME (Type or Print)

SIGNATURE

TELEPHONE NO. (Include area code)

EXT



Enter complete address to which folder or reply is to be mailed.
Include ZIP Code: