## CIPS Registration Form <br> NARA Records Center Program

## General Instructions

The following information is needed to establish a user account for the Centers Information Processing System (CIPS). The Records Officer's signature is required. If you have any questions concerning CIPS or this form, please contact your servicing NARA Records Center. This form must be used in conjunction with VA Form 9957, ACRS Time Sharing Request Form.

| User Information |  |  |  |
| :---: | :---: | :---: | :---: |
| Identification of requester (user) |  |  |  |
| Name: <br> Title: <br> Address: |  |  | Phone: ( ) <br> Fax: ( ) <br> Email: |
| Shipping address where all requested records are to be sent: |  |  |  |
| Name: <br> Title: <br> Address: |  |  | Phone: ( ) <br> Fax: ( ) <br> Email: |
| From what Record Group(s) will the user request records? (e.g., DVA=RG 015, IRS=RG 058, DFAS=RG 507, etc.) |  |  |  |
| From what Record Center(s) will the user request records? |  |  |  |
| $\square$ Atlanta <br> $\square$ Denver <br> $\square$ Philadelphia <br> $\square$ CPR-St. Louis | Boston Ft. Worth Pittsfield MPR-St.Louis | $\square$ Chicago $\square$ Kansas City San Francisco Washington $N$ | $\square$ Dayton $\square$ Los Angeles $\square$ Seattle |

Requester's signature
Date

|  | ce: |
| :---: | :---: |
| Name: <br> Title: <br> Phone: ( ) <br> Fax: ( ) <br> Email: <br> Address: | The user is hereby authorized to change the mailing address where records are to be sent. <br> Records Officer's Signature <br> Date: |
| PRIVACY ACT STATEMENT: The information is solicited under the authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester. Furnishing the information on this form is voluntary: however, if the information is not furnished, we will be unable to take further action on your request. |  |

