## **CIPS Registration Form**

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.

conjunction with VA Form 9957, ACRS Time Sharing	
User Information  Identification of requester (user)	
Title:	Fax: ( )
Address:	
	Email:
Shipping address where all requ	
Name:	Phone: ( )
Title:	Fax: ( )
Address:	Email:
From what Record Group(s) will the user request records	2/0 g DVA=DC 015 IBS=DC 058 DEAS=DC 507 otc.)
From what Record Group(s) will the user request records	67 (e.g., DVA-NG 015, INS-NG 056, DFAS-NG 507, etc.)
From what Record Center(s) w	ill the user request records?
☐ Atlanta ☐ Boston	☐ Chicago ☐ Dayton
Denver	☐ Kansas City ☐ Los Angeles
Philadelphia Pittsfield	San Francisco Seattle
CPR-St. Louis MPR-St.Louis	☐ Washington National Records Center-Suitland
Requester's signature	Date
Records Officer	Concurrence:
Name:	The warm is beautiful and to about
THE.	The user is hereby authorized to change
Title:	the mailing address where records are to be sent.
Phone: ( )	the mailing address where records are to
	the mailing address where records are to
Phone: ( )	the mailing address where records are to
Phone: ( ) Fax: ( )	the mailing address where records are to
Phone: ( ) Fax: ( ) Email:	the mailing address where records are to be sent.
Phone: ( ) Fax: ( ) Email:	the mailing address where records are to be sent.  Records Officer's Signature
Phone: ( ) Fax: ( ) Email:	the mailing address where records are to be sent.

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

will be unable to take further action on your request.

NA Form 13166 (11-01)