

# ***CIPS SIGN UP SHEET***

If you have any questions, please give me a call at: 937-425-0603  
Pamela Bullock

1. **FIRST NAME:**  
**MIDDLE INITIAL:**  
**LAST NAME:**  
**TITLE:**  
**AGENCY:**  
**ADDRESS:**  
**CITY, STATE, ZIP CODE**  
**PHONE NUMBER:**  
**FAX NUMBER:**  
**E-MAIL ADDRESS:**
  
2. Name, address, and phone number of the individuals to whom all requests are to be sent. If all requests from the above user are to be sent to that user put "same as above" here. If all requesters for your agency office are to be sent to one individual then distributed internally put the name of that individual here.  
**NAME:**  
**TITLE:**  
**ADDRESS:**  
**CITY, STATE, ZIP CODE**  
**PHONE:**  
**FAX NUMBER:**  
**E-MAIL ADDRESS:**
  
3. From which records group does the user plan on requesting records?  
Records groups other than those already used by your office will be considered by the National Archives and Records Administration- Dayton for approval.  
  
**RG          RG          RG          RG**
  
4. From which record center will you be requesting records?

Please return this form to:  
**ATTN: CIPS Administrator / Pamela Bullock**  
**National Archives and Records Administration-Great Lakes Region**  
**8801 Kingsridge Drive**  
**Dayton, Ohio 45439**

**For fastest service FAX this form and the completed VA Form 9957 to: (937)425-0650**  
**ATTN: Pamela Bullock**