HOW ARE OUR SERVICES?

The National Archives and Records Administration Welcomes Your Feedback!

Date of Visit:	**Time of Visit:**
NARA Location:	**Please return your completed form to:**
Reason for Visit: ☐ **Examine Records/Materials** ☐ **View Exhibit** ☐ **Attend Event/Workshop**	**Are you commenting on the objectivity, usefulness, or integrity of our information?** ☐ **Yes** ☐ **No**

Comments **(Please be specific. Details help us understand and address your compliments and concerns):**

If you would like a response, please provide the following information:

Name:		
Street Address:		
City:	**State:**	**Zip Code:**
Daytime Phone Number:	**Email:**	

PRIVACY STATEMENT: We do not provide personal data about our customers to any other parties without permission. NARA only uses the information voluntarily submitted by customers in this form to reply to their requests for a response, or to forward their requests to the appropriate NARA office for reply.