

WORLD WAR II ALIEN ENEMY INTERNMENT CASE FILE REQUEST

1) Name of Evacuee: _____

2) Department of Justice case file number: _____

Name of Requester: _____

Address: _____

If requestor is not one (1) above, please have evacuee sign under the statement below, or provide an explanation of why such permission cannot be obtained.

I hereby give permission to _____
to request an electrostatic copy of my World War II Alien Enemy Internment case file.

Signature: _____

Permission cannot be obtained because:

Please return to the Civilian Branch, Textual Archives Services Division, National Archives and Records Administration, 8601 Adelphi Road, Suite 2600, College Park, MD 20720. You will receive a price quotation for copies in approximately 10 working days. Electrostatic copies cost \$0.75 per page. We have a minimum charge of \$15 for all mail orders.