

**REQUEST PERTAINING TO
WORKS PROGRESS ADMINISTRATION (WPA) PERSONNEL RECORDS
National Archives at Saint Louis**

SECTION I – INFORMATION REGARDING WPA PERSONNEL RECORDS

The WPA personnel records consist of forms that often detail employees' project assignments, certification for relief, service initiation and termination, and earnings. These records are archival as they have been transferred by the originating agency to the legal custody of the National Archives and Records Administration (NARA).

Reproductions of these records are available to the public for a fee. The NARA Reproduction Fee Schedule is available for viewing at <http://www.archives.gov/research/order/fees.html>. Please **DO NOT** send payment along with your request.

In order to request copies of WPA personnel records, please send this completed form to:

**National Archives & Records Administration
ATTN: Archival Programs
P.O. Box 38757
St. Louis, MO 63138**

An 'Order for Archival Record Reproduction Services' form will be mailed to you **after** a search is performed and a record is located by NARA staff. If the form, along with payment, is not received within 30 days we will assume that you no longer desire a copy of the records and your request will be automatically closed without further notice.

If you are interested in viewing archival records in person, please contact the Archival Research Room at 314-801-0850 or stlarr.archives@nara.gov. An appointment to view the records is required and **must** be made prior to your visit. For more information on the records available, please visit <http://www.archives.gov/st-louis/archival-programs>.

SECTION II – WPA EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, Middle)		BIRTH DATE	SOCIAL SECURITY NUMBER (SSN)	
EMPLOYEE BIRTHPLACE			HOMETOWN AT TIME OF EMPLOYMENT	
FATHER'S NAME		MOTHER'S NAME	SPOUSE'S NAME	
LOCATION OF WPA WORK PERFORMED		DATES OF SERVICE		
Town/City & County	State	From	To	

SECTION III – REQUESTER IDENTITY AND CONTACT INFORMATION

REQUESTER IS:

Former Works Progress Administration employee identified in Section II

Descendant of WPA employee (specify relationship) _____

Other (specify) _____

**SEND INFORMATION/COPIES OF DOCUMENTS TO:
(Please print legibly or type)**

REQUESTER CONTACT INFORMATION

Name		Daytime Phone Number	Extension
Street	Apartment Number	Alternate Phone Number	Extension
City	State	Zip Code	Email Address

See the reverse side of this form for the Privacy Act Notice that applies to the information you provide above.

PRIVACY ACT NOTICE

Collection of this information is authorized by 44 U.S.C. 2104. The information you provide to NARA on this form will be used to search for the records you are requesting. This information is necessary in order to track your reference request and provide a response to you. Completing this form is voluntary, including providing the SSN of the WPA employee. With an SSN, NARA will be able to conduct a more comprehensive search. Without an SSN, NARA will conduct the search based on the name and birth date provided only. In accordance with the Privacy Act, 5 U.S.C. 552a(e)(4)(D), NARA may disclose this information: to appropriate Federal, state, local, or foreign agencies when needed for civil, criminal, or regulatory investigations or prosecution; in response to a request from another Federal agency or Congress; to a NARA consultant, agent, or contractor to the extent necessary for them to assist NARA in the performance of its duties; or in accordance with any other "routine uses of records" listed in the Privacy Act System of Records Notice NARA 2, "Reference Request Files."