



# ACRS TIME SHARING REQUEST FORM

**PRIVACY ACT STATEMENT:** The information is solicited under authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester, including establishing, modifying or deleting a Time Sharing Customer Account. Furnishing the information on this form, including your Social Security Number, is voluntary; however, if the information is not furnished, we will be unable to take further action on your request.

**NOTE:** Information from this form is used to establish a Time Sharing Account.

1. ACTION REQUESTED (Check only one of the three items)

- CREATE NEW CUSTOMER       MODIFY EXISTING CUSTOMER       DELETE EXISTING CUSTOMER

### 2. CUSTOMER INFORMATION

A. NAME Enter your name	B. TIME SHARING CUSTOMER ID Leave this blank	C. SOCIAL SECURITY NUMBER Enter your SSN
D. TELEPHONE NUMBER (Include Area Code) Enter your office telephone	E. FACILITY (STATION) NUMBER/SUFFIX OGA	F. MAIL ROUTING SYMBOL OR STOP CODE AF users enter: 061 AR and Navy users enter: 062
G. JOB TITLE Enter your job title		H. SUBSYSTEM APPLICATION FUNCTION CODE (SAFC) 26D2
I. IF FOR CONTRACTOR, OR IF TEMPORARY ACCESS, SHOW EXPIRATION DATE (Month, day, year) Leave this blank (unless a contractor)	J. EMPLOYER (For Contractor or Other Government Organization) Enter Army, Navy or Air Force	

K. OFFICE ADDRESS (Street, City, State, Zip Code, for Contractor or Other Government Organization)

Enter Your Office Address (Include Room Number and Office Symbol)

E-mail address: Enter your e-mail address

Proxy Server/IP Address: If you look up or order records, you must enter your Proxy server address here. Contact your System Administrator for the Proxy Server address through which your Internet traffic flows. If there is none at your MTF, enter the IP address of your worksite computer.)

**NOTE:** See reverse for instructions.

### 3. FUNCTIONAL TASKS

CHECK APPROPRIATE BOX		FUNCTIONAL TASK CODES	CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE & TITLE (If required)
ADD	DELETE		
<input type="checkbox"/>	<input type="checkbox"/>	1NARA85--MRS Record Order	Check the ADD box if the user is authorized to look up and to <b>ORDER</b> records from the MRS
<input type="checkbox"/>	<input type="checkbox"/>	1NARA86--MRS Look-up only	Check the ADD box if the user is <u>only</u> authorized to <b>LOOK UP</b> records on the MRS but may not submit record orders
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		Send the completed form to:
<input type="checkbox"/>	<input type="checkbox"/>		National Personnel Records Center
<input type="checkbox"/>	<input type="checkbox"/>		Attn: NRPS-Rademacher
<input type="checkbox"/>	<input type="checkbox"/>		9700 Page Ave., Room 2076
<input type="checkbox"/>	<input type="checkbox"/>		St. Louis, MO 63132

### 4. SIGNATURES

REQUESTING OFFICIAL & TITLE Obtain your boss's signature/title	DATE Enter date
APPROVING OFFICIAL & TITLE Obtain approving official's signature/title	DATE Enter date
SECOND APPROVING OFFICIAL & TITLE (If required)	DATE
FACILITY POINT OF CONTACT	DATE