## 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 <a href="http://www.archives.gov/research/order/fees.html">http://www.archives.gov/research/order/fees.html</a>. 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 <a href="mailto:stlarr.archives@nara.gov">stlarr.archives@nara.gov</a>. 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 <a href="http://www.archives.gov/st-louis">http://www.archives.gov/st-louis</a>

records available, prease visit http://www.ares	inves.gov/st louis				
SECT	ION II – WPA E	<b>EMPLOY</b>	EE INFORM	IATION	
EMPLOYEE NAME (Last, First, Mic	ddle) BIRTH D	BIRTH DATE		SOCIAL SECURITY NUMBER (SSN)	
EMPLOYEE BIRTHPLACE		HOMETOWN AT		TIME OF EMPLOYMENT	
FATHER'S NAME	MOTHER	MOTHER'S NAM		IE SPOUSE'S NAME	
LOCATION OF WPA WORK PERFORMED			DATES OF SERVICE		
Town/City & County	State		From		To
SECTION III – I	REQUESTER II	DENTIT	Y AND CON	TACT INFORMA	TION
REQUESTER IS:					
Former Works Progress Administr			in Section II		
Descendant of WPA employee (sp Other (specify)	ecity relationship	<u> </u>			
SEND INFORMATION/COPIES O	F DOCUMENT		PEOLIESTI	ER CONTACT IN	FORMATION
(Please print legibly or type)	T DOCUMENT	15 10.	REQUESTI	ER CONTACT III.	FORMATION
(Commit Press or grand) or of Pro-					
Name			Daytime Pho	one Number	Extension
Street	Apartment Number		Alternate Phone Number Extension		
City	State Zi	ip Code	Email Addre	ess	
See the neverge side of this faces	for the Driver A	of Notice	that applies 4	a tha information	ou movido above
See the reverse side of this form j	or ine Privacy A	сі мопсе	ınat appites t	o ine injormation y	ou proviae 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."