

OFFICE OF THE SPECIAL TRUSTEE FOR AMERICAN INDIANS

IARMM TRANSMITTAL SHEET

DOCUMENT IDENTIFICATION NUMBER	SUBJECT	ACTION
Chapter 4, Section 4.5	RESEARCH REQUESTS FOR FEDERAL RECORDS STORED AT THE AMERICAN INDIAN RECORDS REPOSITORY (AIRR)	REVISED
FOR FURTHER INFORMATION		ISSUANCE DATE
Office of Trust Records 505-816-1620		OCT 28 2011

This release describes policy and procedures for managing research requests from federal agencies, contractors, and authorized users of federal records stored at the American Indian Records Repository (AIRR). The section number is changed from 4.1 to 4.5.



Ethel J. Abeita
Director, Office of Trust Records

FILING INSTRUCTIONS:

Insert: On the OST Enterprise Portal in the Resource Library under Program Offices, OCIO, Office of Trust Records, Indian Affairs Records Management Manual.

Effective Date: October 27, 2011

Chapter: 4.0 Research Requests

Section: 4.5 Research Requests for Federal Records Stored at the American Indian Records Repository (AIRR)

Originating Office: OTR Division of Records Management Operations

4.5.1 Purpose.

This chapter establishes policy and procedures for managing research requests from federal agencies, contractors, and authorized users of federal records stored at the American Indian Records Repository (AIRR).

4.5.2 Authorities.

- A. 5 U.S.C. § 552 and § 552a, Information Access.
- B. 25 U.S.C. § 4001, et seq., The American Indian Trust Fund Management Reform Act of 1994, Public Law 103-412.
- C. 25 CFR, Subpart Q § 1000.392 and 1000.393, Miscellaneous Provisions.
- D. 36 CFR, Subpart B, Program Requirements.
- E. 44 U.S.C. § 3101 and § 3301, Federal Records Act.
- F. 303 DM 6 Indian Fiduciary Trust Records (September 5, 2003).

4.5.3 Policy.

The policy of the Office of Trust Records (OTR), Division of Records Management Operations, is to provide access to retired federal records while maintaining the integrity of the records and ensuring preservation of the records stored at AIRR.

4.5.4 Objectives. The objectives of these procedures are to:

- A. Safeguard and preserve the records while allowing research of the records.
- B. Maintain integrity of the records.
- C. Provide uniformity in processing research requests.
- D. Manage and control records to provide adequate support services.

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4.5.5 Responsibilities.

A. Director, Office of Trust Records (OTR). The Director has overall responsibility and authority for directing the management of Indian Affairs and OST records.

B. Chief, Division of Records Management Operations (DRMO). The Division Chief has been delegated the responsibility for the direction, oversight, and administrative management of the OTR's records management operations. The Division Chief performs the following functions:

1. Develops and administers OTR research policies and procedures.
2. Provides program coordination with all federal offices related to OTR's research policies and procedures.
3. Monitors and evaluates the implementation of the research policies and procedures.

C. Chief, Branch of Records Management Research. The Branch Chief is responsible for both the physical custody and maintenance of the records stored at AIRR during research activities and working with the National Archives and Records Administration for retrieval of records when required for research purposes.

4.5.6 Procedures for Research Requests.

A. Research Requests. Research requests are initiated by individuals inside and outside the federal Government. These procedures apply to requests submitted by federal Government employees and federal contractors. Only copies of records will be provided in response to a research request, unless directed otherwise by the OTR Director.

1. The requestor will complete the Research Request (IARM Form 4001) to request research of federal records stored at AIRR. All requests must be submitted using the Research Request and faxed or mailed directly to the OTR DRMO. If the research request is incomplete, AIRR research coordinator or designee will contact the requestor to discuss the need for resubmission of the request.

2. Upon receipt of the research request, a researcher will be assigned to search for the requested documents, copy the documents, and send the copies to the requestor

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along with a response letter. Requestors will be informed on the status of the research requests within 24 hours of receipt.

B. Research Request Reports.

1. A weekly report of research request activities is completed and submitted by the research coordinator to the OTR DRMO Chief or designee. The OTR DRMO Chief or designee submits a monthly report on behalf of the division to the OTR Director.

2. Research Request Results Survey (IARM Form 4004) are mailed to requestors on a quarterly basis to solicit feedback on the service provided by the research branch. The Chief, Branch of the Records Management Research or designee compiles the results survey responses and submits a report to the OTR DRMO Chief or designee.

4.5.7 Appendices.

A. IARM Form 4001, Research Request.

B. IARM Form 4004, Research Request Results Survey.



OFFICE OF THE SPECIAL TRUSTEE FOR AMERICAN INDIANS
AMERICAN INDIAN RECORDS REPOSITORY
17501 WEST 98TH STREET, SUITE 39-48
LENEXA, KANSAS 66219
FAX (913) 825-5575

RESEARCH REQUEST

1. REQUESTOR INFORMATION:

a. Date:	b. First Name:	c. M.I.:	d. Last Name:	
e. Mailing Address:		f. Region/Agency/Program:		
		g. Email:		
h. City:	i. State:	j. Zip Code:	k. Telephone:	l. Fax:

2. DOCUMENT(S) REQUEST INFORMATION (Please be as thorough as possible):

a. Account holder's last name:	b. Account holder's MI:	c. Account holder's first name:
d. Tribe:	e. Account Number:	
f. Office/agency where records were initiated:	g. Dollar Amount (if applicable):	
h. Document date or fiscal year:	i. Document or form number:	j. Document Type:
k. Accession or box number:	l. Format for copy of documents:	m. Method for delivery of copies:
n. Additional Information:		

3. AUTHORIZATION:

a. Requestor's Signature:	b. Approving Official's Name and Title (print):
c. Requestor's Title:	d. Approving Official's Signature:

PRIVACY ACT NOTICE

The Privacy Act of 1974, Public Law 93-579, Title 5 USC Section 552a states that no agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, unless disclosure of the record would be: to those officers and employees of the agency which maintains the record who have a need for the record in the performance of their duties. Criminal penalties: Any officer or employee of an agency, who by virtue of his employment or official position has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

RESEARCH REQUEST
IARM Form 4001 (optional page 2)

4. ADDITIONAL INFORMATION:

INSTRUCTIONS FOR COMPLETING IARM FORM 4001, RESEARCH REQUEST FORM

1. REQUESTOR INFORMATION:

- a. Date: Enter today's date.
- b. First name: Enter requestor's first name.
- c. MI: Enter requestor's middle initial.
- d. Last name: Enter requestor's last name.
- e. Mailing Address: Enter requestor's mailing address. If information requested is to be sent by Federal Express, provide a physical address other than a P.O. Box.
- f. Region/Agency/Program office: If requestor is requesting information in a government capacity, enter requestor's region, agency, and program office (i.e., BIA Minnesota Agency or OST Pacific Region).
- g. Email address: Enter requestor's e-mail address.
- h. City: Enter requestor's city.
- i. State: Enter requestor's state.
- j. Zip Code: Enter requestor's zip code.
- k. Telephone number: Enter requestor's telephone number with area code.
- l. Fax number: Enter requestor's fax number with area code.

2. DOCUMENT(S) REQUEST INFORMATION:

The term "Account" below may refer to Individual Indian Monies, other Trust account information, or files concerning individual such as probate, education, or birth/death certificates.

- a. Account holder's last name: Enter the account holder's last name.
- b. Account holder's MI: Enter the account holder's middle initial.
- c. Account holder's first name: Enter account holder's first name.
- d. Tribe: Enter the Tribe associated with the request.
- e. Account number: Enter account number.
- f. Office/agency where records were initiated: Enter the office or agency where the record was created, if known.
- g. Dollar Amount: Enter dollar amount, if applicable.
- h. Document date or fiscal year: Enter the date or the fiscal year the documented was created or retired, if known.
- i. Document or form number: Enter document or form number if applicable.
- j. Document Type: Enter document type, if known (i.e., Journal Voucher).
- k. Accession or box number: Enter the OST accession number from the SF-135 or the FRC box number if available.
- l. Format for copy of documents: Specify the desired format of document copy. Copies are provided either in photocopies or scanned in Adobe Acrobat Portable Document Format (.pdf).
- m. Method for delivery of copies: Specify how the requested documents will be transmitted (i.e., fax, FED EX)
- n. Additional Information: Provide any other information that may help locate the requested documents.

3. AUTHORIZATION:

- a. Requestor's Signature: Requestor's must sign.
- b. Approving Official's Name and Title (print): Enter approving official's name and title.
- c. Requestor's Title: Enter requestor's title.
- d. Approving Official's Signature: Approving official must sign.

4. ADDITIONAL INFORMATION (Page 2):

Use page for additional information.



OFFICE OF THE SPECIAL TRUSTEE FOR AMERICAN INDIANS
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17501 WEST 98TH STREET, SUITE 39-48
LENEXA, KANSAS 66219
Ph: (913) 825-5581 FAX (913) 825-5575

AMERICAN INDIAN RECORDS REPOSITORY SURVEY

The American Indian Records Repository (AIRR) is committed to providing the highest quality research assistance to the Bureau of Indian Affairs, Office of the Special Trustee for American Indians and other applicable Government entities. By completing this survey, you will provide us with pertinent information to ensure services and assistance is being provided to your satisfaction and expectations.

1. REQUESTOR INFORMATION:

a. Date:	b. First name (Optional):	c. M.I.:	d. Last name (Optional):
e. Telephone number (Optional):			
f. My position is best described as (check one): <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Technical <input type="checkbox"/> Administrative			
g. I work in the following organization: <input type="checkbox"/> BIA <input type="checkbox"/> OST <input type="checkbox"/> Other _____			

2. INFORMATION:

a. Type of information requested:			
b. I would rate my satisfaction with the AIRR's assistance as:			
	Very Satisfied	Satisfied	Dissatisfied
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Researcher:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. How often do you use the services provided by the AIRR staff?
 Weekly Monthly Quarterly Semi-Annually Annually Other

d. Please list specific suggestions which you believe will help the AIRR improve customer service (if you need additional space, please attach a separate sheet to this survey):

Thank you for taking the time to complete the survey. Mail completed surveys to:

**Office of Special Trustee for American Indians
AIRR, 17501 West 98th Street, Suite 39-48
Lenexa, Kansas 66219**

or you may fax your response to 913-825-5575. If you would like to receive a response, please provide your name and phone number above and a staff member will contact you within ten (10) business days of receipt of completed survey.