



OFFICE OF THE SPECIAL TRUSTEE FOR AMERICAN INDIANS
AMERICAN INDIAN RECORDS REPOSITORY
17501 WEST 98TH STREET, SUITE 44-47
LENEXA, KANSAS 66219
FAX (913) 956-2685

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.