



Research Group, LLC
244 Fifth Avenue
2nd Floor, Suite 2571
New York, NY 10001-7604
Voice/Fax 800-AT-DD214 (800-283-3214) Fax 646-530-8701
client_services@touchstoneresearchgroup.com

Re: Your Order for a copy of your EMF.

INSTRUCTION SHEET **EMF *Express Service***

Dear Client,

Thank you for your order! We truly appreciate your business. But, to assure that we can acquire your Federal civilian Employee Medical File (EMF) in the fastest and most efficient manner, please follow these directions:

1. Complete in its entirety the following form. Provide as much information as you can. Incomplete and/or inaccurate information may cause a delay in acquiring your EMF.
2. **IMPORTANT:** If your need for your record is indeed urgent and critical, be sure to describe the basis for your urgent and critical need at the INFORMATION AND/OR COPIES REQUESTED section. For example, "The EMF is required by [date] for emergency medical treatment." Describe your particular urgent and critical need. Remember, making false statements on this form may subject you to criminal prosecution.
3. Print out the form, then SIGN and date the form.
4. For speediest service, fax the accompanying cover sheet and completed, signed form to us toll free at 800-283-3214, or to our dedicated fax 646-530-8701. Or, you can scan the form at 300 DPI, output to PDF, and e-mail to us at client_services@touchstoneresearchgroup.com. We always recommend PGP encryption when submitting confidential information to us via e-mail. Our Public Key is available at: <http://www.touchstoneresearchgroup.com/catalog/shipping.php> Once we review your request form, we will send you an e-mail acknowledging your request form's successful receipt and review. If you don't receive this acknowledgement within two (2) hours during office hours, let us know.
5. **PAYMENT:** If you've paid by eCheck, be sure to fax us a copy of your check marked "VOID." If you've paid by Money Order, fax us a copy and indicate the date mailed. If you've paid by Western Union, indicate the Money Transfer control number. We'll know if you've paid by credit card, PayPal or Google Checkout.
6. Keep the signed originals in a safe place, for your records.
7. We will endeavor to provide your OPF within the amount of time that you have specified within your order. Our interest is to provide you with the fastest possible delivery.
8. You can always log into your Touchstone Research Account and go to your Order Page for status updates and comments made on your order.

Thank You!

PLEASE USE THIS PAGE AS YOUR FAX COVER SHEET.

Please use this form fax as your fax cover. This will help us relate your records request to your order and payment.

FROM: _____ FAX # _____

TO: **Touchstone Research Group, LLC** FAX: **646-530-8701**

RE: Order Number (from your web order or order confirmation e-mail)

Name of person whose records are being obtained

Comments _____

For speediest service, fax the form and your request to: 646-530-8701

OR mail originals to us. Our mailing address is:

Touchstone Research Group, LLC
244 Fifth Avenue
2nd Floor, Suite 2571
New York, NY 10001-7604
Voice/Fax 800-At-DD214 (800-283-3214)

MONEY ORDER? If paying by money order, include a fax copy and indicate the date you mailed your money order

CHECK? No need to send your check. If you've paid by Echeck, just fax a copy of your check marked "VOID" and it will be processed electronically.

WESTERN UNION? If you've paid by Western Union, the Money Transfer control number is _____

Date you faxed these documents _____

If you've faxed your documents to us, you can retain the originals for your records. Upon receipt of your FAX or originals, your order will be queued for processing.

DON'T FORGET TO SIGN THE REQUEST PAGE

WALK-IN REQUEST FOR OPM RECORDS OR INFORMATION

CAUTION: Complete all items

NAME (print)	LAST	FIRST	MIDDLE	SIGNATURE OF REQUESTER AND DATE OF REQUEST
SOCIAL SECURITY NUMBER			For questions or guidance concerning this request, contact the submitting Touchstone researcher OR Touchstone Research Group LLC 244 5th Ave Ste 2571 New York, NY 10001-7604 Ph/Fax: 800-283-3214	
DATE OF BIRTH (mo., day, year)				

RECORD OF FEDERAL EMPLOYMENT

NAME EMPLOYED UNDER (if different from above)	AGENCY AND LOCATION	FROM	TO

INFORMATION AND/OR COPIES REQUESTED

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

Authority for collection of the information is 44 U.S.C. 2907 and 3103 and Public Law 104-134 (April 26, 1996) as amended in title 31, section 7701. Disclosure of the information is voluntary. The principal purpose of the information is to assist the National Personnel Records Center in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C. 522A (E) (4) (D) include the transfer of relevant information to appropriate federal, state, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition this form will be filed with the appropriate military or civilian records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

REQUESTER'S GRANT OF LIMITED POWER OF ATTORNEY

To the NPRC and any other government agency in possession of any of my employee and/or medical records: I hereby grant Touchstone Research Group LLC and their researchers a Limited Power of Attorney for the sole purpose of obtaining my records, and to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information provided herein is true and correct.

Signature _____

Date _____

	Date: _____ For the Chief, Reference Service Branch NATIONAL PERSONNEL RECORDS CENTER (Civilian Personnel Records) 111 Winnebago Street St. Louis MO 63118-4199
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