



Obtaining Supporting Documentation for the Cold War Recognition Certificate

If you do not have a copy of acceptable supporting documentation for the Cold War Recognition Certificate in your possession, Congressman Smucker's office might be able to help. Please carefully follow the instructions below:

- 1. Fill out the application for the Cold War Recognition Certificate attached to this form as described in the previous set of instructions.**
- 2. Complete the Privacy Act Consent Form included with this document.** Fill it out to the best of your ability.
- 3. Complete the SF 180 form included with this document.** Fill it out to the best of your ability.
- 4. Return the application and these forms to Congressman Smucker's office (NOT the office listed on the application) by Monday, June 30th.** You can do so by:
 - Returning the paperwork to one of the three following offices:
 - 2270 Erin Court, Lancaster, PA 17601
 - 100 Redco Avenue, Red Lion, PA 17356
 - 118 Carlisle Street, Hanover, PA 17331
 - Faxing the paperwork to our office at (717) 393-0924.
 - Emailing the paperwork to our office at stephen.ranck@mail.house.gov.
- 5. Contact Stephen at (717) 393-0667 if you have any questions.**

U.S. ARMY HUMAN RESOURCES COMMAND
AWARDS AND DECORATIONS BRANCH

Application for Cold War Recognition Certificate

PRINT THE APPLICATION, SIGN, ATTACH A COPY OF SUPPORTING DOCUMENTS AND MAIL TO THE ADDRESS LISTED BELOW

Instructions: Fill out this application and mail with supporting documentation to the U.S. Army Human Resources Command, Awards and Decorations Branch with your proof of service.

Acceptable Documents: To receive a certificate, you must submit supporting documentation that demonstrates Honorable service. An acceptable supporting document includes any official government or military document that contains the recipient's name, Social Security Number or Military Service Number or Foreign Service Number, and a date showing at least one day of service during the Cold War era (September 2, 1945 to December 26, 1991). Example: DD Form 214 (Report of Separation).

DO NOT SEND ORIGINAL DOCUMENTS

You must certify your honorable service by signing and dating the application and returning it with a copy of supporting documents to:

USAHRC
Cold War Recognition Program
Attn: AHRC-PDP-A, Dept 480
1600 Spearhead Division Avenue
Fort Knox, KY 40122-5408

Awardee Name (First, MI, Last): _____

Or

Requestor's Name (If it is not the Awardee): _____

Military Service Number or SSN: _____

Mailing Address: _____

City: _____ State/Province/Region: _____

Postal/Zip Code: _____ Country: _____

Awardee or Requestor Email Address: _____

Awardee or Requestor Phone Number: _____

I confirm my (or the recipient's) faithful and honorable service to the nation during the Cold War Era.

Signed: _____ Date: _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; Public Law 105-85, Fiscal Year 98, National Defense Authorization Act; and Executive Order 9397.

PRINCIPAL PURPOSE: To secure sufficient information from the individual so to determine eligibility and to process the individuals' requests for the Cold War Recognition Certificate.

ROUTINE USES: Information is used for official purposes within the Department of Defense; specifically, to process requests for Cold War Certificates. This information may be used in accordance with established Routine Uses for all Department of Defense and Department of the Army system notices.

DISCLOSURE: Disclosure of the Social Security Number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, and may prevent the agency from determining eligibility of the requester for the certificate.

PRIVACY ACT RELEASE: If the Awardee is deceased or unable to sign the application, then the forms that follow this statement are to be used to verify that the Requestor has the legal authority to request the Cold War Recognition Certificate on behalf of the Awardee. Please be sure to enclose official documentation verifying the next of kin relationship between the Awardee and Requestor.

U.S. Army Awards and Decorations Branch Privacy Release Statement

Deceased Service Member's Name: _____

SS#: _____ DOB: _____

Branch of Service: _____ Military ID #: _____

Unit Designation: _____ Dates of Service: _____

The regulatory policy governing the military awards program is very explicit with regard to designating next-of-kin eligibility for issuance of awards and decorations. Posthumous awards can only be issued to the service member's **Primary Next-of-kin** starting sequentially with the surviving (but not remarried) spouse, eldest child, father or mother, eldest brother or sister, or eldest grandchild.

I certify that I am the Primary Next-of-kin of the above-named service member and that I am his/her:

(please select one) spouse, eldest child, parent, eldest sibling, eldest grandchild

Furthermore, in accordance with the requirements of the Privacy Act of 1974, which prohibits the use and dissemination of personal information by federal executive branch agencies without written consent, I authorize the U.S. Army Awards and Decorations Branch to send personal information regarding the above-named service member, to the following individual: _____.

Additionally, I *(please select one)* **[do]** // **[do not]** authorize the Awards and Decorations Branch to issue the above-named individual any requested awards or decorations earned by the deceased service member. I understand that the Department of the Army will only issue one (1) gratuitous replacement set of medals and awards earned by a service member, and that all further replacements or duplicates must be purchased from private vendors.

Signature: _____ Date: _____

Primary Next-of-kin's Name: _____

Address: _____

City: _____, State _____, ZIP: _____

Telephone: _____ Email: _____

Individual Privacy Release Statement

To Whom It May Concern:

In accordance with the requirements of the Privacy Act of 1974, which prohibits the use and dissemination of personal information by federal executive branch agencies without written consent, I authorize

(Name of Individual)

to collect and review my records and any other documentation that is covered by this Act, and if necessary, forward it to the U. S. Army Human Resources Command-Fort Knox, for further review concerning possible authorization of an individual award or decoration.

Signature: _____

Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

SS#: _____

DOB: _____

Branch of Service: _____

Military ID #: _____

(Optional: For use if another individual or office is making a request on your behalf)

I further authorize the above-named individual, as well as the U. S. Army Human Resources Command-Fort Knox to provide their response, including any documentation, awards, or other materials, to the following third party:

Name: _____

Address: _____

LLOYD SMUCKER
11TH DISTRICT, PENNSYLVANIA

WASHINGTON OFFICE
302 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2411

COMMITTEES
WAYS AND MEANS
BUDGET
EDUCATION AND THE WORKFORCE



U. S. House of Representatives
Washington, DC 20515-3816

LANCASTER OFFICE
2270 ERIN COURT
LANCASTER, PA 17601
(717) 393-0667

RED LION OFFICE
100 REDCO AVENUE
RED LION, PA 17356
(717) 969-6133

HANOVER OFFICE
118 CARLISLE STREET
HANOVER, PA 17331
(717) 969-6132

PRIVACY ACT CONSENT FORM

I have requested assistance from Congressman Lloyd K. Smucker on a matter that may require the release of information covered by the Privacy Act of 1974.

I hereby authorize you to release all relevant information from my records and to discuss my case with Congressman Smucker or his staff.

Signature

Printed Name

Address: _____

Email address: _____

Date of Birth: _____

Social Security Number (SSN): _____

Claim Number (if applicable): _____

Telephone: _____ Cell: _____

Date: _____

Aide: JH

Return this completed form to: Congressman Lloyd K. Smucker
2270 Erin Court
Lancaster, PA 17601

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180), is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request, see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself/herself/themselves or someone else.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. **Requesters MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, verdict of coroner's jury, or DD Form 1300 – Casualty Report.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, their family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information, see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If a veteran/dependent desires to send his/her/their medical record(s) to a third party, he/she/they must fill out a DD Form 2870 authorizing the releasing agency to release the record(s) and the time frame of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

5. Definitions and abbreviations. DISCHARGED - the individual has no current military status; SERVICE TREATMENT RECORD (STR) - the chronology of medical, mental health, and dental care received by service members during their military career (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by email from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he/she/they served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

COMPONENT	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE #	DOD ID / EDIPI #
(If unknown, write "unknown")							
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

6. PLEASE LIST LAST DUTY STATION(S)

7. IS THIS PERSON DECEASED? ☐ NO ☐ YES - MUST provide date of death if veteran is deceased: _____

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

9. HAS THIS PERSON FILED A CLAIM WITH THE VA? ☐ NO ☐ YES - if known, please provide VA Claim/File # _____

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.
- ☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☐ I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- ☐ **Other (Please Specify):** _____

2. PURPOSE: (Required unless the request is from the veteran, government agencies under routine use, or for information releasable under FOIA. In all cases, it may help to provide the best possible response and ensure a faster reply.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. RELATIONSHIP TO VETERAN: _____

3. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

- ☐ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
☐ OTHER (Specify): _____

4. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name		
Street Address		Apt. #
City	State	ZIP Code
Daytime Phone		Fax Number
Email Address		

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print

Date

* This form is available at <https://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) website. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1895 – 12/31/1904	15	14
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
PHS	Active, Reserve, or TDRL	10	
	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	HQ AF Personnel Center HQ AFPC/DPSOR ATTN: Military Personnel Records Custodian 550 C Street West JB SA-Randolph, TX 78150-4721 https://milconnect.dmdc.osd.mil/milconnect	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 https://www.va.gov
2	HQ ARPC/DPTSC 18420 E Silver Creek Ave, MS 68 Buckley SFB, CO 80811 arpc.milrecs.3rdparty@us.af.mil https://milconnect.dmdc.osd.mil/milconnect	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/11113 1-888-ARMYHRC (1-888-276-9472) https://milconnect.dmdc.osd.mil/milconnect	12	Commissioned Corps Headquarters Division of Business Operations and Management Administrative Services Branch ATTN: PHS CCHQ Records Management Team 1101 Wootton Parkway, Suite 300 Rockville, MD 20852 PHSCCHQRecordsManagementRequest@hhs.gov
3	USCG Personnel Service Center Coast Guard Military Human Resource Record (CGMHRR) Section https://ipermis.mymilrecord.uscg.mil Send questions to: HQS-SMB-CGPSC-MR-CustomerService@uscg.mil	8	Navy Medicine Records Activity (NMRA) BUMED Detachment - St. Louis Robert A. Young Federal Building 1222 Spruce St., Room 9.308 St. Louis, MO 63103 https://www.med.navy.mil/Navy-Medicine-Records-Activity	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters, U.S. Marine Corps Manpower Management Performance Branch (MMPB-21) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil https://milconnect.dmdc.osd.mil/milconnect	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114 https://milconnect.dmdc.osd.mil/milconnect	10	Navy Personnel Command Records Management Policy Branch (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130 https://milconnect.dmdc.osd.mil/milconnect	15	National Archives & Records Administration National Archives - St. Louis ATTN: RRPOR P.O. Box 38757 St. Louis, MO 63138-0757 stl.archives@nara.gov