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## NA-2023 Request for Approval

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### Submitter Information

**Submitter Name**

Stephanie Cina

**Submitter Email**

[Stephanie.Cina@nara.gov](mailto:Stephanie.Cina@nara.gov)

**Submitter Phone**

301-837-1981

### Information Collection

**Survey Title**

Researcher Experience Survey

**Survey Purpose**

To gather feedback from researchers

**Survey Audience**

Researchers visiting physical locations

**Start Date**

05/20/2024

**End Date**

12/31/2024

**Survey Question(s)**

- **Question:** What location(s) did you visit to conduct onsite research at the National Archives?
- **Question:** Tell Us About Your Experience [open text]
- **Question:** How Can We Improve? [open text]
- **Question:** Your feedback is anonymous unless you complete the fields below. If you would like to have an agency representative contact you in response to your feedback, please enter your contact information below.

**Additional Information**

We will send a draft document with the questions separately.

**PII Collected**

No

**Privacy Act**  
No

**System of Records Notice (SORN)**  
No

**Incentives Provided**  
No

**Requires OMB Approval**  
Yes

## **OMB Request for Approval under the Generic Clearance**

**Type of Information Collection**  
Customer Satisfaction Survey

**Individuals or Households**  
4500

**Private Sector**  
0

**State, Local, or Tribal Governments**  
0

**Federal Government**  
0

**Participation Time**  
2

**Burden Hours**  
150

**Federal Cost**  
0

**Statistical Methods**  
Yes

**Targeted Respondents**  
No

**Sampling Plan**  
The link will be posted to Archives.gov on the Customer Experience website and QR codes in the physical locations.

**Administration of the Instrument**  
Web-based or other forms of Social Media (if applicable, please add url)

**Interviewers**  
No

**Certification**  
Yes