



REQUEST FOR RECORDS RETRIEVAL

REQUESTOR		DATE
DEPARTMENT/SCHOOL	ADDRESS	
ROOM	MAIL CODE	TELEPHONE

Type of service requested (Check one only).

<input type="checkbox"/> Original	<input type="checkbox"/> File from Box	<input type="checkbox"/> Add to file/box
<input type="checkbox"/> Copy of Records	<input type="checkbox"/> Entire Box	<input type="checkbox"/> Permanent Withdrawal

RECORDS REQUESTED		RECORDS CENTER USE ONLY	
Records Center Box #	Record Series Title	Location #	Comments

Received by: _____ Date: _____
 Signature _____
 Print Name: _____ Title: _____