Records Management Service Request

INFO on REQUESTER **Date:**

Name:	Phone: 1-
Dept Title:	Postal Code:
Dept #:	Fax (only if needed): 1-

SERVICES REQUESTED (Place an **X** by requested service)

	Temporarily Return Original Folder to Dept.
	Permanently Return Original Folder to Dept.
	Copy Folder / File and Send to Dept.
	Pull Folder / Box and the Dept. will Pickup.
	Review Folder / Box at Records Center.
	Provide Information on Folder / Box to Dept. by Phone or Fax.
	Add Enclosed Folder to Existing Box.
	Provided Requester / Dept. with Assistance on Records Issue (listed below).

IDENTIFY FOLDERS/BOXES for this REQUEST **RC Use Only**

Box #	Folder: title/ number/ or description	Folder Date	Request Result

Records Center Action Code: RA=Request Attached, NIB=Not in Box, PR=Previously Requested

Acknowledge Receipt of Record & Return Form to Records Center (0522)

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Signature & Date