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| Originating Organization:  |  | Requested by Authorized Retriever:  |
| Agency Name: |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) |
| Agency Address: |  |  | Title: |  |
| Agency Account Name: |  |  | Phone: |  | Fax: |  |
|  |  |  | Email Address: |  |
|  |  |  | Signature: |  | Date: |  |
|  |  |  |
| **Name (RC Box #)** | **Title (Agency Box #)** | **RequestEntire Box** | **Request Specific File from box** | **RC Staff Comments** | **Agency Comments****Please return all boxes and/or files within 30 days.** **Contact the Records Center if required to retain records for a longer period of time.****\*Only Authorized Retrievers may pick up records from the Records Center. Name, date & time must be noted in advance below.****Authorized Retriever:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date & Time:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Records Received By:** |  | **For Records Center Use** |  |
| Name: |  |  | Ready for Pickup | [ ]  Yes | [ ]  No |
| Signature: |  | Date: |  |  | Notify Date: |  |  |
|  |  | RC Initials |  |  |
|  |  | Records Returned: | [ ]  Yes | [ ]  No |
|  |  | Date Returned: |  |  |