

RECORD REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS (For more space, continue on back)

INSTRUCTIONS: PICK-UP FAX MAIL DISK EMAIL (circle one)

SIGNATURE (When request is fulfilled) _____

For Office Use Only: _____ Request approved _____ Request Denied

Copies Postage _____ Disk Fax TOTAL COST _____

DATE REQUEST FULFILLED _____

SIGNATURE OF STAFF MEMBER _____

DATE INFORMATION: Picked up _____ Faxed _____ Mailed _____

Additional information: _____
