

## RECORD REQUEST FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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

INSTRUCTIONS:   PICK-UP      FAX      MAIL      DISK      EMAIL

SIGNATURE *(When request is fulfilled)*

For Office Use Only:

Copies \_\_\_\_\_      Postage \_\_\_\_\_      Disk \_\_\_\_\_      Fax \_\_\_\_\_

TOTAL COST \_\_\_\_\_

DATE REQUEST FULFILLED \_\_\_\_\_

INITIALS OF STAFF MEMBER \_\_\_\_\_

DATE INFORMATION: Picked up \_\_\_\_\_      Faxed \_\_\_\_\_      Mailed \_\_\_\_\_