Service Request Form Records Management & Archives

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Date: ph. 621-5666, fax 621-0538

|  |  |  |
| --- | --- | --- |
| Dept Name: | | Requestor: |
| Delivery Address: | | Ph. No. |
| Delivery Instructions: | | Fax No. |
| First 3 digits on Barcode: |

(If the barcode is known)

**Select Services**:

|  |  |
| --- | --- |
| \*Recalled Boxes |  |
| \*Recalled Files |  |
| Empty Boxes |  |
| Barcode Labels |  |

Pick up from Dept. Qty Deliver to Dept. Qty

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |
| New Boxes for Storage |  |
| Recalled Items to Go Back to Storage |  |
| Go Back Boxes |  |
| Go Back Files |  |
|  |  |
|  |  |

\*USE THE SPACE BELOW TO DESCRIBE THE ITEMS YOU ARE RECALLING TO YOUR DEPARTMENT.

OR, PLEASE USE THE SPACE TO LEAVE ANY SPECIAL INSTRUCTIONS FOR THE RECORDS CENTER STAFF.

~~ Record/File Retrievals ~~

Item Search Information Recalled Item Delivery Type?

Box Barcode # File? \*\*Box? (If file only needed, please describe) Temp |Perm

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Temp – File/Box to be returned to the Records Center when you are done with it.

Perm – Out permanently - File/Box *will not* be returned to the Records Center.

\*\*Box – Check this column if the whole box is needed.

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