

# Record Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

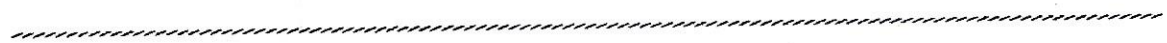
Fax Number: \_\_\_\_\_

Description of Specific Records Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method(s) of delivery: pickup / mail

Signature of Requestor (upon completion of request): \_\_\_\_\_



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Total Cost \_\_\_\_\_ Date Completed \_\_\_\_\_ Date Mailed \_\_\_\_\_

Staff member completing request: \_\_\_\_\_