

**Records Retrieval Request Form**

Table Number:

**First name, last name, and if applicable, student ID are required. One form per person and one entry per box.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name **(Req):** | | First Name **(Req):** | | | ID No. **(Req):** | |
| Record Series/Collection Number **(optional):** | | | | | | |
| Record Series/ Collection Title **(optional):** | | | | | | |
| Box/File/Item # **(optional):** | Contents (**optional):** | | Location **(staff):** | Initial upon delivery **(staff):** | | Initial upon return **(staff):** |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |

**Library & Archival Staff Only: Please do not write below this line.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates Used |  |  |  | |  |  |  |
| Days Used: | | No. of Record Units: | | |  | Type of Record Units (box, folder): | |
| Records Restricted? | |  | | Explanation: | | | |
| Request Date: | | Delivery Initial: | | |  | Return Initial | |