

**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.**

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

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