

Records Management RECORDS CIRCULATION REQUEST



1. Department	2. RMAN	3. Requestor Name	4. Phone
5. Location (Building / Room Number)	6. Location (L) #	7. Request Is... <input type="checkbox"/> From Storage <input type="checkbox"/> To Storage	8. Limited Access... <input type="checkbox"/> No <input type="checkbox"/> Yes
9. Name of person(s) Authorized to sign for receipt:			
1. _____		3. _____	
2. _____		4. _____	

10. RC Box Code #	11. Shelf Number Records Mgmt Use	12. Found		13. If No - Enter Comments	14. Date Returned
		Yes	No		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					

15. Records Specialist Signature / Date	16. Customer Signature / Date <small>NOTE: If Field 8 is Yes, delivery may only be to those person(s) named on the Storage Approval Form.</small>
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