Records Management Department
Snell Hall Room 207

**RECORDS CENTER RETREIVAL REQUEST**

541-885-1105

|  |  |  |
| --- | --- | --- |
| 1. **Name of Department**

 | 1. **Department Records Officer**
 | 1. **Date of Request**

 |
| 1. **Name and Title of Requester**

 | 1. **Phone Number and Extension**

 | 1. **Office Location (Building and Room)**

 |
| 1. **Box Number(s) Requested**
 | 1. **Proposed Date and Time for Pick-up**

 |

**Records Officer/Department Head Approval (By signing below, you are authorizing the request to be sent to Records Management)**

**Records Officer/ Department Head (Print) Signature Date**

|  |  |
| --- | --- |
| 1. **Record Received by (Print and Sign)**

**(YOU ARE TAKING RESPONSIBILITY FOR RECORDS REMOVED FROM VAULT)**  | 1. **Record Management Staff (Print and Sign)**
 |
| 1. **Record Due Date (if removed from vault)**
 | 1. **Record Location (Building and Room)**
 | 1. **Is this Record Confidential? YES OR NO**
 |

**TO BE COMPLETED UPON PICK-UP:**

**TO BE COMPLETED UPON RETURN OF RECORD (if necessary)**

|  |  |
| --- | --- |
| 1. **Record Returned by (Print and Sign)**
 | 1. **Record Management Staff (Print and Sign)**
 |
| 1. **Record Due Date**
 | 1. **Record Return Date**
 | 1. **Record Returned Complete? YES OR NO**
 |

**PLEASE SEND THE ORIGINAL FORM THRU INNER-CAMPUS MAIL TO FINANCE AND ADMINISTRATION WITH THE RECORDS OFFICER SIGNATURE**

**PLEASE KEEP A COPY OF THIS REQUEST WITH THE RECORD(S) AT ALL TIMES!**