



## REQUEST FOR RECORDS

SHADED AREA IS FOR RECORDS MANAGEMENT USE ONLY

\* Indicates mandatory fields

Prefix *		Department *		Division/Section *	
Requested by (Name) *		Building/ Phone #		Requested for (Name)	
Requested by (Name) *		Building/ Phone #		Requested for (Name)	
File Name *				File and Volume Number	
Temporary Box Number *		Transfer Date		Return By <input type="checkbox"/> Date: <input type="checkbox"/> Permanent Return / Reactivation	
Box Locator *		DIIMS Transfer ID*			
DIIMS Box ID*		Name of Records Coordinator			
Comments					

Incomplete requests will not be filled

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