

RECORD REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

DESCRIPTION OF RECORDS (For more space, continue on back)

INSTRUCTIONS: PICK-UP MAIL

SIGNATURE (When request is fulfilled)

For Office Use Only:

Copies _____ Postage _____

TOTAL COST _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER _____

DATE INFORMATION: Picked up _____ Mailed _____