

**RECORDS REQUEST FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

\_\_\_\_\_

INSTRUCTIONS: PICK-UP FAX MAIL DISK E-MAIL

\_\_\_\_\_

SIGNATURE (When request is fulfilled)

For Office Use Only:

Copies \_\_\_\_\_ Postage \_\_\_\_\_ Disk \_\_\_\_\_ Fax \_\_\_\_\_

TOTAL COST \_\_\_\_\_ INITIALS OF STAFF MEMBER \_\_\_\_\_

DATE INFORMATION: Picked up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_

\_\_\_\_\_