|  |
| --- |
| RECORDS REQUEST FORM |
| Record Title: | Dept. Requesting: |
| Record Date: | Send To: |
| Box No. (if known) | Phone No. |
| Record Detail: |
| ***To be completed by Records Center.*** |
| Requested By:

|  |  |
| --- | --- |
| \_\_ Phone | \_\_ Mail |
| \_\_ Message | \_\_ Visit |

 | Sent By:

|  |  |
| --- | --- |
| \_\_ Mail | \_\_ Visit |
| \_\_ Messanger |    |

 |
| Searched By: |
| Date Due: | Date Returned: |
| Remarks: |
| Copy 1: Tickler FileCopy 2: On RecordCopy 3: Out On Card |

**FORMS:** [Records Transfer](http://legacyhuman.wpg.cornell.edu/records_manage/forms/recordstransfer.html) ][ [Records Request](http://legacyhuman.wpg.cornell.edu/records_manage/forms/recordsrequest.html) ][ [Memorandum of Understanding](http://legacyhuman.wpg.cornell.edu/records_manage/forms/memorandum.html)