|  |  |
| --- | --- |
| 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 File Copy 2: On Record Copy 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)