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| Originating Organization: | | | | | | | | | | | | | | |  | | Requested by Authorized Retriever: | | | | | | | | | | | | | | | |
| Agency Name: | | | | | |  | | | | | | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) | | | | | | | | | | | | | | | |
| Agency Address: | | | | | | |  | | | | | | | |  | | Title: |  | | | | | | | | | | | | | | |
| Agency Account Name: | | | | | | | | |  | | | | | |  | | Phone: | |  | | | | | | | | | | | Fax: |  | |
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| **Name  (RC Box #)** | | | **Title  (Agency Box #)** | | | | | **Request Entire Box** | | **Request Specific File from box** | | | **RC Staff Comments** | | | | | | | | | **Agency Comments**  **Please return all boxes and/or files within 30 days.**  **Contact the Records Center if required to retain records for a longer period of time.**  **\*Only Authorized Retrievers may pick up records from the Records Center. Name, date & time must be noted in advance below.**  **Authorized Retriever:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date & Time:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| **Records Received By:** | | | | | | | | | | | | | |  | | **For Records Center Use** | | | | | | | | | | | |  | | | | |
| Name: | |  | | | | | | | | | | | |  | | Ready for Pickup | | | | | | | | | Yes | No | | | | | | |
| Signature: | | | |  | | | | | | | Date: |  | |  | | Notify Date: | | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | RC Initials | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | Records Returned: | | | | | | | | | Yes | No | | | | | | |
|  | | | | | | | | | | | | | |  | | Date Returned: | | | | | | |  | | | | |  | | | | |