SRM
SOUTHEASTERN RECORDS MANAGEMENT

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RETRIEVAL REQUEST FORM

PLEASE PRINT CLEARLY ALL INFORMATION

ACCOUNT NAME: _____ ACCOUNT-DEPT #: _____

AUTHORIZED BY: _____ REQUEST DATE/TIME: _____

ALL NON-STANDARD REQUESTS MUST BE FAXED AND CALLED INTO THE OFFICE!

BARCODE/ BOX #	**FILE NAME OR NUMBER** (& descriptive information to locate item)	DELIVER/ FAX/ HOLD