

**F l o r i d a A t l a n t i c U n i v e r s i t y**  
**R E C O R D S R E Q U E S T**

To be completed by requesting department. Send this request to Controller's Office, Records Management Center

<b>Department Name:</b>	<b>Date:</b>
<b>Person Requesting Return</b>	<b>Extension:</b> <b>Bldg. Room #:</b>
<b>Department Manager:</b>	<b>Department Number:</b>
<b>Records Date:</b>	<b>Date Needed By:</b>
<b>Records Series Title:</b>	<b>Box No.:</b>
<b>Record Detail:</b>	

***TO BE COMPLETED BY RECORDS MANAGEMENT SECTION.***

<b>Request by:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Visit	<b>Sent By:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Messenger <input type="checkbox"/> Visit <input type="checkbox"/> Fax
<b>Searched by:</b>	<b>Time Spent:</b>
<b>Date Due:</b>	<b>Date Returned:</b>
<b>Refiled By:</b>	
<b>Remarks:</b>	