Florida Atlantic University
RECORDS REQUEST

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

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

TO BE COMPLETED BY RECORDS MANAGEMENT SECTION.

Request by: Phone Fax Mail Visit	**Sent By:** Mail Messenger Visit Fax
Searched by:	**Time Spent:**
Date Due:	**Date Returned:**
Refiled By:	
Remarks:	

Reset Form