



Records Management Service Request

Institution:	Date of Service Request:
Requestor's Name:	Requestor's Extension:
Physical Address :	Additional Comments:
Electronic Signature:	

Check one of the following services: *(please submit only one form per service requested)*

<input type="checkbox"/> Storage Box Order: > 100 \$2.65 each < 100 \$2.25 each # of boxes	<input type="checkbox"/> Deposit: <i>(use for initial induction)</i> # of boxes	<input type="checkbox"/> Retrieval: <i>(barcode required)</i> Normal (within 24 hrs) Rush (within 4 hrs) # of boxes	<input type="checkbox"/> Return <i>(barcode required)</i> # of boxes
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#	Box Barcode # <i>(leave blank for deposit.)</i>	Box Title (required) <i>(Information must match label on box. Use additional sheets if needed.)</i>
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Send completed form to recordsmanagement@cuc.claremont.edu