



## Records Management Service Request

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

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

<input type="checkbox"/> <b>Storage Box Order:</b> > 100 \$2.65 each < 100 \$2.25 each  <b># of boxes</b>	<input type="checkbox"/> <b>Deposit:</b> <i>(use for initial induction)</i>  <b># of boxes</b>	<input type="checkbox"/> <b>Retrieval:</b> <i>(barcode required)</i> Normal (within 24 hrs) Rush (within 4 hrs)  <b># of boxes</b>	<input type="checkbox"/> <b>Return</b> <i>(barcode required)</i>  <b># of boxes</b>
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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 <https://services.claremont.edu/records-management/>

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