Request/Retrieval Forms
## Reference Request Form

**RECORD CENTER (860) 721-2041 FAX: (860) 721-2055**  
**REFERENCE REQUEST**  
**RC-200 REV. 9/99**

<table>
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<th>AGENCY AND SECTION</th>
<th>DATE REQUESTED</th>
<th>AGENCY CONTACT</th>
<th>PHONE #</th>
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**TOTAL REQUESTS THIS PAGE**
UNIVERSITY OF GEORGIA: Records Request Form

http://www.libs.uga.edu/recman/request_form.html

UNIVERSITY OF GEORGIA RECORDS CENTER

Records Request Form

If you need multiple files pulled it is suggested that you e-mail (reccecntr@arches.uga.edu) or fax (227-5335) the file requests to us. The boxes with asterisks (*) must be filled. Please request only one item on the form. When done, press SEND at the bottom of the page.

Name*

Department Name*

E-mail Address*

Telephone
Number*

Campus Address

File Name(s)

Comments/Special Instructions

Location (if known)

Send  Cancel

Contact the Records Center:

Phone (706) 369-5926  FAX (706) 227-5335
reccecntr@uga.edu

Last Update: September 04, 2003
Comments to: vjackson@uga.edu
Copyright © University of Georgia. All rights reserved.
URL=http://www.libs.uga.edu/recman/recuest_form.html
.Request Retrieval of a Record

NOE: If requesting multiple files, please submit each request individually.

*Required fields

*Name: ______________________

*Title: ______________________

*GT Email: ___________________

*GT Department: ______________________

*Records Requested: ______________________

Accession #: ______________________
(if available)

Date of records or records transfer: (mm/dd/yyyy)

Deliver to: ______________________
(if different than requester)

Submit Request
Offsite STORAGE
Retrieval request Form

Patron's name: _______________________________ Patron Phone #: ___________________________
Date requested: _______________ Date needed: _______________ (am or pm) allow 2 business days for delivery

Title of Collection or Periodical: _______________________________
Manuscript Number: _______________________________
Collection Box Number(s): _______________________________
Periodical VOLUME AND YEAR: _______________________________

Periodical requests maybe delayed if VOLUME AND YEAR not supplied.

SCDP Reference Contact: _______________________________
Date Patron notified: _______________________________

FOR UARP OFFICE USE:
KUSI number(s): _______________________________

Date KUSI contacted: _______________________________
Date order received: _______________________________
MANUSCRIPTS AND ARCHIVES

UNIVERSITY ARCHIVES: RETRIEVAL REQUEST

Authorized staff from Yale University offices may request files from accessions transferred from their offices to Manuscripts and Archives. If you are not authorized, proceed with the form below and on the next page detailing the records you wish to request and you will be contacted by the University Archives about authorization.

Please enter your email address and the Record Unit (RU) Number that contains the records you are requesting.

Email: 

Record Unit Number: 

Continue