

Request/Retrieval Forms



University of Georgia Libraries
HARGRETT
RARE BOOK & MANUSCRIPT LIBRARY



**RECORDS
CENTER**

Destruction
of Records

Storage
& Retention
Requirements

Access to
Records

Electronic
Records
Policy

Records
Forms

Departmental
Records Officer
Form

File Retrieval
Form

Box Transfer
Form - Destruction

Box Transfer
Form - Storage

HARGRETT
LIBRARY

UNIVERSITY OF GEORGIA RECORDS CENTER

Records Request Form

If you need multiple files pulled it is suggested that you e-mail (reccentr@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)

Contact the Records Center:

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



Last Update: September 04, 2003
Comments to: vjackson@uga.edu
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URL=http://www.libs.uga.edu/recman/request_form.html

		Archives and Records Management	
			
			
INFORMATION ABOUT: Home >> Request Retrieval of a Record		RELATED DOCUMENTS:	
RECORDS CENTER <ul style="list-style-type: none">Transferring RecordsAccessing Records	<h3>Request Retrieval of a Record</h3> <p>NOTE: If requesting multiple files, please submit each request individually.</p> <p>*required fields</p> <p>*Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>*GT Email: <input type="text"/></p> <p>*GT Department: <input type="text"/></p> <p>*Records Requested: <input type="text"/></p> <p>Accession#: <input type="text"/> (if available)</p> <p>Date of records or records transfer: <input type="text"/> (mm/dd/yyyy)</p> <p>Deliver to: <input type="text"/> (if different than requester)</p> <p><input type="button" value="Submit Request"/></p>		<ul style="list-style-type: none">BOR Retention GuidelinesRecord Transfer FormBox LabelRecords Decision Tree
RETENTION REQUIREMENTS <ul style="list-style-type: none">Secure DestructionVital RecordsElectronic Records			
RELATED RESOURCES			
ARCHIVES			
QUICK LINKS <input type="button" value="click to select"/>			
ACCESSIBILITY CONTACT US STAFF ONLY GT LIBRARY			
<small> GT Archives & Records Management :: 704 Research Avenue :: Atlanta, Georgia 30332-0900 :: phone:(404) 894-4586</small>			

**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 may be 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: _____

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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:

