



Records Management and Archives Administration
 CEET Room 263
 541-885-1105

RECORDS CENTER RETREIVAL REQUEST

(FORM RM-3)

1. Name of Department	2. Department Records Officer	3. Date of Request
4. Name and Title of Requester	5. Phone Number and Extension	6. Office Location (Building and Room)
7. Box Number(s) Requested		8. Proposed Date and Time for Pick-up

Records Officer/Department Head Approval **(By signing below, you are authorizing the request to be sent to Records Management)**

Records Officer/ Department Head (Print)

Signature

Date

TO BE COMPLETED UPON PICK-UP:

9. Record Received by (Print and Sign) (YOU ARE TAKING RESPONSIBILITY FOR RECORDS REMOVED FROM VAULT)	10. Record Management Staff (Print and Sign)	
11. Record Due Date (if removed from vault)	12. Record Location (Building and Room)	13. Is this Record Confidential? YES OR NO

TO BE COMPLETED UPON RETURN OF RECORD (if necessary)

14. Record Returned by (Print and Sign)	15. Record Management Staff (Print and Sign)	
16. Record Due Date	17. Record Return Date	18. Record Returned Complete? YES OR NO

PLEASE SEND THE ORIGINAL FORM THRU INNER-CAMPUS MAIL TO RECORDS MANAGEMENT CEET 263 WITH THE RECORDS OFFICER SIGNATURE

PLEASE KEEP A COPY OF THIS REQUEST WITH THE RECORD(S) AT ALL TIMES!