

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

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 U70.9 ( ) PLEASE KEEP A COPY OF THIS REQUEST WITH THE RECORD(S) AT ALL TIMES!

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.

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