

University Of Missouri

REQUEST FOR RETURN OF RECORD FROM RECORDS CENTER / OUT CARD

Please Complete One Form For Each File Or Box Being Requested

Columbia
 Kansas City
 Rolla
 St. Louis
 LIM System
 Hospital
 Ellis Fischel
 University Physicians

Date:	Person Requesting Return:	Department Requesting Return:
Department Code:	Requester's Telephone Number:	Deliver To Address:

Special Instructions:

RECORDS CENTER BOX LOCATION NUMBER	NEEDED	DESCRIPTION
	<input type="checkbox"/> BOX <input type="checkbox"/> FILE <input type="checkbox"/> DOCUMENT (identified)	

Received By: _____

NOTE: Please complete ONE form for EACH FILE OR BOX being recalled as this sheet will serve as a checkout form for the record either in the box or on the shelf Mail or FAX forms to UNIVERSITY RECORDS CENTER, 2910 LeMone Blvd., Columbia, MO 65211.

The Records Center FAX number is [573]884-3068.

Departments are encouraged to use this form whenever possible to ease the workload of the Records Center staff and permit us to maintain our present level of service.

Call the Records Center (573/882-7652) for emergency requests. Advise the Records Center staff of the circumstances and special requirements.