

State Records Center

7815 Third Flag Parkway Suite 400 Austell, GA 30168

Tel: 770-732-5631

State Records Center @usg.edu

State Records Center Reference Request Form

(Used by client agencies to request records from SRC storage)

#	Consignment Number	Item					Вох	Location number (from	
							Number	transmittal)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
Natu	ure of Request:						Date of Request		
Furnish Copy		Temporary Withdraw			ithdrawal				
Sele	ect method of delivery:	Mail	E-Mail	Fax	Courie	er S	RC Delivery	Agency Pickup	
Name of									
Requestor:									
Age	ncy:								
Add	ress:								
Tele	phone:								
E-M									
Fax:									
		ved by:					Retrieval Date:		
Refile		d by:						Refile Date:	
Com	nments:								