

Andrews University Archives and Records Center
616/471-3986 archives@andrews.edu room 160, James White Library

RETRIEVAL REQUEST FORM (RRF)

Date _____

Office/Person Making Request:

Name/Position: _____

Entity/Office of Origin: _____

Approval, Head of Entity _____

(Handwritten signature required)

Comments

For office use: Give name of person picking up the record(s), and/or given permission to look at the records at the Archives.

For others: Give first and last name of the person, also title, relation to University and/or other institution(s), and a detailed reason for this request, e.g. research, etc.

Description of Records Needed:

Title of Record Series (type of records/file(s), name(s), alphabet range, date(s), etc.)

Box # of	<u>Title of Record Series</u>	Alphabet Range	Date(s) of Records	Disposition	Record Volume in inches	Comments: content notes, special instructions, restrictions (if any), method and time of destruction of record, etc. Note: If records need to be shredded, cost will be charged to depositor.