

# Box Withdrawal Request Form

Date:

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Agency Name:

Agency DFA Code:

Address:

City, State, Zip Code:

Phone Number:

Instructions:

1. Complete all fields
2. Print on agency letterhead
3. Scan and email to two records center staff members

#	Box Number	Shipment Box Number			SRCA use only
1			of		-   -   -
2			of		-   -   -
3			of		-   -   -
4			of		-   -   -
5			of		-   -   -
6			of		-   -   -
7			of		-   -   -
8			of		-   -   -
9			of		-   -   -
10			of		-   -   -
11			of		-   -   -
12			of		-   -   -
13			of		-   -   -
14			of		-   -   -
15			of		-   -   -

RLO Printed Name \_\_\_\_\_

RLO Signature \_\_\_\_\_