



RECORDS RETRIEVAL REQUEST

If your department needs to access files stored in the Dobson Records Retention area, complete this form and submit it to the Accounting Office (215 Rakov). All fields must be completed. Contact the Accounting Office at 395-5960 or 395-5860 or email: acctqofc@brockport.edu with questions.

CONTACT INFORMATION

Department: _____

Requested by: _____ Extension: _____

Location (where to deliver box): _____

BOX INFORMATION

Records Retention Box Number(s): _____

Description of Box Content: _____

Will box (es) be returned to Dobson Records Retention? Yes No

If box is to be returned to Dobson, please provide us with a return date: _____

Signature of Requestor: _____ Date: _____

PLEASE ALLOW 2 WEEKS FOR PROCESSING.

(THIS SECTION IS FOR ACCOUNTING OFFICE USE ONLY)

Date of Box Removal: _____
Initials of Remover: _____

Date of Box Return: _____
Initials of Returner: _____