REFERENCE REQUESTFEDERAL RECORDS CENTERS			NOTE: Use a separate form for each request.			
SECTION ITO BE COMPLETED BY REQUEST			ING AGENCY			
ACCESSION NO.	AG	ENCY BOX NUME	BER RECORDS CE	NTER LOCAT	ION NUMBER	
		OF				
DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED			l			
ВОХ						
FOLDER (include file number and title)						
REMARKS						
NATURE OF SERVICE FURNISH COPY OF PERMANENT TEMPORA RECORD(S) ONLY WITHDRAWAL LOAN OF I	RECO	· /	VIEW OTHEI			
SECTION IIFOR U	JSE I		NTER			
RECORDS NOT IN CENTER CUSTODY RECORDS DESTROY	ΈD	REMARKS				
WRONG ACCESSION NUMBERPLEASE RECHECK						
WRONG BOX NUMBER-PLEASE RECHECK						
WRONG CENTER LOCATIONPLEASE RECHECK						
ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED						
MISSING (Neither record(s), information nor charge card found in container(s) specified)						
RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and da	ate):					
		DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS	
SECTION IIITO BE COMP		ED BY REQUEST FTS DATE	ING AGENCY			
NAME OF REQUESTER TELEPHONE NO	RECEIPT OF RECORDS					
NAME AND ADDRESS OF AGENCY						
(Include street address,			Requester please sign, date and return this form, for file item(s) listed above, <i>ONLY</i> if the block to right has been checked by the Records Center.			
building, room no. and ZIP Code)			SIGNATURE		DATE	