

Box Withdrawal Request Form

Date:

Agency Name:

Agency DFA Code:

Address:

City, State, Zip Code:

Phone Number:

Instructions:

1. Complete all fields
2. Sign the request
3. Attached request to an email and send to at least two record center staff

#	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	- - -

Record Liaison Officer's Printed Name	Record Liaison Officer's Signature