



State Records Center
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State Records Center Reference Request Form
 (Used by client agencies to request records from SRC storage)

#	Consignment Number	Item	Date Span	Location number (from transmittal)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Nature of Request:	Date of Request
<input type="checkbox"/> Furnish Copy <input type="checkbox"/> Temporary Withdrawal	

Select method of delivery:	<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Courier <input type="checkbox"/> SRC Delivery <input type="checkbox"/> Agency Pickup
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Name of Requestor:	
Agency:	
Address:	
Telephone:	
E-Mail:	
Fax:	

Number of Copies	Retrieved by:	Retrieval Date:
	Refiled by:	Refile Date:

Comments:	
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