

REQUEST FOR RECORDS

For use of this form, see AR 25-400-2; the proponent agency is ODISC4

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

- These records will be used for official purposes only.
- Do not remove, permit to be removed, add to, or reveal the contents to unauthorized persons.
- The requester is responsible for return of these records intact to the office of record.

SECTION I - TO BE COMPLETED BY THE REQUESTER

1. RECORD(S) REQUESTED *(Give file classification, subject, date, and other identifying information. If records of personnel are requested, give name (LAST NAME FIRST), grade, SSN, type of file requested, and purpose for which records are to be used.)*

(THIS IS AN EXAMPLE ONLY)

RECORDS HOLDING AREA, BLDG T-65 WAREHOUSE ROAD, FORT DRUM, NY 13602

CASE:

LOT:

BOX:

2. REQUESTER'S ADDRESS

UNIT/ORGANIZATION
STREET
FORT DRUM, NY 13602

3. ESTIMATED NO. OF DAYS RECORDS ARE NEEDED
PLEASE FILL IN

4. TELEPHONE NO.
PLEASE FILL IN

5. DATE
PLEASE FILL IN

6. NAME AND SIGNATURE OF REQUESTER

(PRINT NAME AND SIGN HERE)

SECTION II - TO BE COMPLETED BY THE RECORDS CUSTODIAN

7. SEARCHER'S REPORT

a. RECORDS ATTACHED FOR DELIVERY TO ADDRESS IN ITEM 2.

b. RECORDS CURRENTLY ON LOAN *(Complete block 7d.)*

c. UNABLE TO IDENTIFY RECORDS

d. NAME, ADDRESS, TELEPHONE NO., AND DATE LOANED

8. DATE RECORDS MUST RETURNED

9. ADDRESS OF CUSTODIAN

10. TELEPHONE NO.
772-1500

11. DATE

12. NAME AND SIGNATURE OF CUSTODIAN

Barbara Gonzalez, Records Holding Area Manager

SECTION III - TO BE COMPLETED BY THE OFFICE OF RECORD

13. DATE RETURNED

14. SIGNATURE OR INITIALS OF INDIVIDUAL TO WHOM RECORDS WERE RETURNED