Request for Accessing Archives

Today’s Date ___ / ___ / ___

Name: ____________________________  Office phone number: ____________________________

Project Name: ____________________________________________________________

P.I. or Project Director needing information: _______________________________________

Specify which file cabinets need to be accessed: ____________

Approximate amount of time needed in archives: ____________

Date the info will be needed by: ___________________________ (Give at least 24 hours)

Please return completed form to the RSC.

You will be contacted as to what times someone is available to access the archives

To be filled in by the RSC

Scheduled archive date: __ / __ / __  Time: ____________