Clear Form

RECORDS AND FORMS MANAGEMENT
Phone (305) 995-3289
records@dadeschools.net

REQUEST FOR RECORDS RETRIEVAL

REQUESTOR		DATE
DEPARTMENT/SCHOOL	ADDRESS	
ROOM	MAIL CODE	TELEPHONE

Type of service requested (Check one only).

- ☐ Original
- ☐ Copy of Records
- ☐ File from Box
- ☐ Entire Box
- ☐ Add to file/box
- ☐ Permanent Withdrawal

RECORDS REQUESTED		RECORDS CENTER USE ONLY	
Records Center Box #	Record Series Title	Location #	Comments

Received by: _____ Date: _____
Signature

Print Name: _____ Title: _____