

REQUEST TO RECOVER DOCUMENTS FORM

*Legal
Services use
ONLY*

The following is to be completed by the Requestor.

Requester Name: _____ Dept/Div: _____ Date: _____		
Requester Phone extension: _____		
Location of Shredding Bin:		
Description of lost items:		
Requester Name: _____	Signature: _____	Date: _____
Manager Name: _____	Signature: _____	Date: _____
Dean/Director Name: _____	Signature: _____	Date: _____

The following is to be completed by the Office of the AVP as appropriate.

_____	_____
Signature	Date
Name:	
Title:	

Upon approval, Legal Services will arrange for the retrieval of the requested documents.