UNION
C O L L E G E
Library

Union College Institutional Archives
Lora McMahon King Heritage Room
Retrieval Request Form

Record group: _____
Date request filled: _____
Request filled by: _____
Date returned: _____
Records used in Archives: _____
Date used in Archives: _____

Date: _____

Name & Position of person making request: _____Phone: _____ E-mail:_____

Entity/Office of origin: _____

Approval, Head of entity/ Office of origin: _____

Reason for this request (e.g. research): _____

❏ Records will be retrieved for office use by: _____

❏ Records will be used in the Archives by: _____

Description of Records Needed

Title of Record Series	Alphabet Range _ to _	Date(s) of records _ to _	Other Criteria: such as name(s), folder title	Location