

ORA-1

I Request for Department Records (to be filled out by employee taking request)

1. Date: \_\_\_\_\_
2. Requestor: \_\_\_\_\_
3. Description of Records Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is this record requested for personal or commercial use \_\_\_\_\_
5. Method of Request: Written: \_\_\_\_\_ Oral: \_\_\_\_\_
6. Number of copies made: \_\_\_\_\_
7. Signature of Requestor: \_\_\_\_\_

II. Fees Charged (to be filled out by employee releasing the records)

1. Copies \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_  
Search Fees \$ \_\_\_\_\_  
Total Received \$ \_\_\_\_\_
2. Designated Records Officer Authorization Signature: \_\_\_\_\_
3. Deposit Information:  
Deposit Date: \_\_\_\_\_  
Deposited to Fund: \_\_\_\_\_  
Deposited by: \_\_\_\_\_

Distribution:

Original: \_\_\_\_\_  
Copy to Administration  
Copy to Requestor