



University of Pittsburgh – Box Retrieval and Box Return Request Form

DEPARTMENT INFORMATION

Request Date: _____ Requestor Name: _____ Account/Department #: PPH064200 \ _____
 Phone Number: _____ Fax Number: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____

A.	Box requested for Retrieval from Access
# of Items	Insert Barcode #
1	
2	
3	
4	
5	
6	
7	
8	

B.	Box requested for Pick-Up from your Office
# of items	Insert Barcode #
1	
2	
3	
4	
5	
6	
7	
8	

Total # of items to be delivered from your office _____

Total # of items to be picked up from your office _____

Comments _____

Signature _____ Passcode (if applicable) _____

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Email this form to pittsburgh@accesscorp.com; FAX this form to Access at 412-321-0305. Please be certain to retain a copy of this form for your records.