BRM's University of Pittsburgh

RETRIEVING AND RETURNING FILES & DOCUMENTS FORM

DEPARTMENT INFORMATION						
Request Date:		Requestor Name:		Account/Department #		
Phone Number:		Fax Number:				
Street Address:			City _	State:	e: Zip Cod	de:
# of Items	Barcode/Box #	Description of filefolder or document to be retrieved and returned to your office (be as specific as possible)				ssible)
1						
2						
3						
4						
5						
6						
7 8						
* For all file/document <u>returns</u> , you only need to list the barcode number of the item(s) you are <u>returning</u> to BRM. Total Quantity of Items for <u>Retrieval</u> on this page Total Quantity of Items for <u>Return</u> on This Page						
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Signature _		Passcode			Page	of
FAX this form to BRM 412-321-0305 or email it to custsvc@businessrecords.com. Please be certain to retain a copy of this form for your records. Please choose service level (check one):						
Requests received by 10:00 am today will be serviced the same business day by 5:00 pm						
Requests received by 10.00 am today will be serviced the same business day by 5.00 pm Requests received by 3:00 pm today will be serviced the next business day by noon						
Requests received after 3:00 pm today will be serviced the second business day by noon						
Rush/Priority Delivery (verbal confirmation also required, call BRM's Customer Service at 412-321-0505)						