Print Form

REQUEST FOR MICROFILM/ DIGITAL SERVICES
DOCUMENT & MICROGRAPHICS MANAGEMENT DIVISION

Department: _____ Name: _____ Date Requested: _____

Division: _____ Telephone: _____ Date Required: _____

Address: _____

MICROFILM SERVICES:

Document Preparation Required? **YES** ☐ **NO** ☐

Record Series Title(s) (from Retention Schedule)

Filming ☐ Process Film Only ☐ Duplication ☐ Number of copies

Jacketing ☐ **Microfiche Title**

Comments:

DIGITAL SERVICES:

Microfilm Scanning(film to digital): Roll ☐ Microfiche ☐

Digital File Format: PDF ☐ TIF ☐ RTF ☐

Document Scanning: ☐

Document Scanning/Microfilming (for permanent records): ☐

OCR Digital File: ☐

Select the method to receive Digital Images:

CD ☐ Department Provided USB Flash Drive ☐ Shared Network Folder (requires authorization) ☐

Folder Path/Name _____

Digital File Name

Delivery Instructions

Return original documents to Department ☐

Destroy original documents ☐

Will pick up documents ☐

Signature of Requestor

Requesting Department

Fund	Object	Unit

D&MM Use Only

Project Number:

Revised