RESET FORM

Rancho Santiago Community College District

District Warehouse Operations

Records Withdrawal and/or Re-File Request

Site:

Department:

Administrator Signature: _____

Date: _____

Records to be delivered to, or picked up:

Site: **Bldg:** **Room:**

Box Number	Schick Barcode Number	Description of the Items Requested	Action Requested W or R

Instructions:

1. Complete form by filling in the boxes (indicate **W** for Withdrawal or **R** for Re-file on each line)
2. Print the completed form
3. Obtain the appropriate administrators signature
4. Forward the form to District Warehouse Operations for processing (scan, fax or via District Mail)
5. Retain a copy for files