Records Storage Center Access Authorization

Instructions:

- 1. Type the information requested below.
- 2. Return the completed form to: Supervisor, Records Storage Records Management Services 2300 Stuyvesant Ave. P.O. Box 661 Trenton, NJ 08625-0661

Department	Division			Bureau, Section			Agency Number	
			D					
Person Authorized	Title		Phone	Acces	s Restriction	Authoriz	zation Number	
				+				
I hereby authorize the personnel listed above to request and receive records of the agency which are stored at the New Jersey Records Storage Center.		Agency	y Head or Official Signature		Title		Date	