

Department Setup Form Access Form ID: RetxDID01 REVISED 01.24.2013

Please photocopy and maintain the copy for your future reference, if needed. To provide information on more than two departments, simply use additional forms.

M HAS BEEN COMPLETED BY * (PLEASE PRINT BOTH FIRST AND LAST NAME)	EMAIL	
DNE NUMBER * EXTENSION	FAX NUMBER DATE FORM WAS PREPARE	D (MM/D
DEPARTMENT ID *		
DEPARTMENT NAME *		
DEPARTMENT BILLING CONTACT PERSON (if Departmental Invoicing is selected)	EMAIL	
TELEPHONE NUMBER* EXTENSION	FAX NUMBER	
ADDRESS 1		
ADDRESS 2		
CITY, STATE, ZIP		
PURCHASE ORDER NUMBER (If applicable)	COST CENTER ID (If applicable)	
This DEPARTMENT uses RECORD CODES ¹ to prescribe Real The following LOCATION IDs apply to this DEPARTMENT (No	ecord Retention Schedules and Destruction Types. YES NO Note: Site IDs may apply to more than one Department):	
CUSTOMER SITE NAME OR IDENTIFIER*	FILELINE SITE IDENTIFIER (Assigned by Retrievex)	
CUSTOMER SITE NAME OR IDENTIFIER *	FILELINE SITE IDENTIFIER (Assigned by Retrievex)	
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