

## 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 <sup>1</sup> 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)	
CUSTOMER SITE NAME OR IDENTIFIER*	FILELINE SITE IDENTIFIER (Assigned by Retrievex)	
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CUSTOMER SITE NAME OR IDENTIFIER*  CUSTOMER SITE NAME OR IDENTIFIER*  The following USER NAMES apply to this DEPARTMENT (No  AUTHORIZED USER LAST NAME, FIRST NAME  AUTHORIZED USER LAST NAME, FIRST NAME	FILELINE SITE IDENTIFIER (Assigned by Retrievex)         FILELINE SITE IDENTIFIER (Assigned by Retrievex)         FILELINE SITE IDENTIFIER (Assigned by Retrievex)         Dete:       User Names may apply to more than one Department):         AUTHORIZED USER LAST NAME, FIRST NAME         AUTHORIZED USER LAST NAME, FIRST NAME	
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