**Archive Retrieval Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Requested by:** | ***<job title or role in trial>*** |  | **Name** |  | **Signature** |  |
| **Approved by:** | ***<job title or role in STU>*** |  | **Name** |  | **Signature** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID No.** | **Box No.** | **Temporary Storage Location** | **Items Removed** | **Date Returned** | **Changes to returned boxes \*** |
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| **Reason for retrieval:**  |

*\* If boxes have been destroyed, please complete STU-AD-FRM-003 Destruction Form*

|  |
| --- |
| **Released by:** |
| **Archivist Name:**  |  | **Signature:** |  | **Date** |  |

For completion by STU Archivist:

Date Form Received: Retrieval Number: