

# File & Records MANAGEMENT

Please make sure that File & Records Management has up to date information on the staff members who are authorized to retrieve documents, as well as any change of address or contact personnel. Any changes need to be in writing – please use the attached form.

## AUTHORIZATION FOR ACCESS

CLIENT NAME: \_\_\_\_\_ CLIENT NUMBER: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

E Mail ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

COMPANY PASSWORD (optional) \_\_\_\_\_  
 \* ONLY PERSONNEL AUTHORIZED TO RETRIEVE BOXES/FILES SHOULD BE GIVEN THE PASSWORD.

### AUTHORIZED PERSONNEL

NAME	AUTHORIZED TO ADD / RETRIEVE / REFILE	AUTHORIZED TO DESTROY

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_