

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
Person Authorized	Title	Phone	Access Restriction	Authorization Number

<p>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.</p>	<p>Agency Head or Official Signature</p>	<p>Title</p>	<p>Date</p>
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