

REC-2 (9/18)		RECORDS CENTER REFERENCE REQUEST		RECORDS CENTER USE		
TO BE COMPLETED BY AGENCY						
BOX BARCODE NUMBER	ITEM					<input type="checkbox"/> GAIN
TRANSFER LIST NUMBER						<input type="checkbox"/> DUPLICATE
AGENCY	Delivery Method					<input type="checkbox"/> UTL
	AGENCY PICKUP	IN HOUSE	OTHER			<input type="checkbox"/> CHECKED OUT
	Call:	Reviewer:				<input type="checkbox"/> RCSA
	Email:					<input type="checkbox"/> DISPO
REQUESTER (PRINT)	OGS DELIVERY: GIVE NAME AND ADDRESS,					_____
NEW YORK STATE EDUCATION DEPARTMENT ♦ NEW YORK STATE ARCHIVES STATE RECORDS CENTER, BLDG 21 STATE OFFICE BUILDING CAMPUS, ALBANY, NY 12226						