



SC DEPARTMENT OF ARCHIVES & HISTORY REFERENCE REQUEST — STATE RECORDS CENTER	
2. DATE OF REQUEST	
3. NAME OF REQUESTER	
4. TELEPHONE NUMBER	
5. NAME & ADDRESS OF AGENCY (Include building and room number)	

1. RECORD GROUP NUMBER
6. NATURE OF SERVICE <input type="checkbox"/> FURNISH COPY OF RECORD ONLY <input type="checkbox"/> CALL WHEN PULLED <input type="checkbox"/> PERMANENT WITHDRAWAL <input type="checkbox"/> WILL PICK UP AT _____ ON _____ <input type="checkbox"/> OTHER (Specify)

EXPLANATION OF TERMS

- NIF (NOT IN FILE)** — Sequence in box was correct but neither the file nor charge card found in box
PULLED — Record was previously charged out to (Name and Date)
WRONG BOX — Either sequence did not match file item requested, or box belongs to another agency. Check SRC Box Number again; check year of record; check disposal records

7. SRC BOX NUMBER	8. FILE ITEM OR INFORMATION REQUESTED

9. REMARKS

*Mail or fax
this form to:*

**SC DEPARTMENT OF
ARCHIVES & HISTORY
STATE RECORDS CENTER
1942-A LAUREL STREET
COLUMBIA, SC 29201
FAX 803-898-9981**

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