

# OCA RECORDS CENTER REQUEST/REFILE FORM

(1) DATE REQUESTED: \_\_\_\_\_

(2) UNIT I.D. NO.: \_\_\_\_\_

SUBUNIT I.D. NO. : \_\_\_\_\_

(3) Unit \_\_\_\_\_

Subunit \_\_\_\_\_

(4) Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(5) Telephone No. (\_\_\_\_) \_\_\_\_\_ (6) FAX No. (\_\_\_\_) \_\_\_\_\_

(7) Request Authorization \_\_\_\_\_ (8) Password \_\_\_\_\_  
(Signature)

(9) Record Series Title \_\_\_\_\_ (10) Record Series No. \_\_\_\_\_

(11) Record Series/File Description \_\_\_\_\_

(12) Container No. \_\_\_\_\_ Location No. \_\_\_\_\_ (13) File No. \_\_\_\_\_

## FOR RECORDS CENTER USE ONLY

(14) \_\_\_\_\_ Record Attached

(15) \_\_\_\_\_ Record Not Available - Charged Out To: \_\_\_\_\_ Date: \_\_\_\_\_

(16) \_\_\_\_\_ Record Not Found \_\_\_\_\_  
(Reason)

(17) Date Searched \_\_\_\_\_ Clerk's Initials \_\_\_\_\_

(18) Date Returned \_\_\_\_\_ (19) Return Authorization \_\_\_\_\_  
(Signature)

SEND TO:

Records Clerk  
Central Stores/OCA Records Center  
42 Old Karner Road  
Albany, New York 12205  
FAX Number: (518) 869-4277

## INSTRUCTIONS FOR OCA RECORDS CENTER REQUEST/REFILE FORM

1. **Date Requested:** Enter the date the records are requested from the Records Center.
2. **I. D. No.:** Enter the number assigned to you by the Records Center. If appropriate, enter your Sub-Unit number.
3. **Unit, Sub-Unit:** Write the name of your Unit and, if appropriate, the name of your Sub-Unit.
4. **Address:** Write you address.
5. **Telephone Number:** Write your telephone number including area code.
6. **FAX Number:** Write your FAX number.
7. **Request Authorization:** Write the name of the person authorizing this request. The name must have been included on the Authorization Form, previously filed with the Records Center.
8. **Password:** Write your password.
9. **Records Series Title:** Write the title of the record series as it appears on your Transmittal Sheet.
10. **Record Series No. :** Leave blank until numbers are assigned.
11. **Records Series/File Description:** Write the same description that appears on your Transmittal Form.
12. **Location/box Number:** Write the location and Box Numbers that were included in the copy of the Transmittal Form returned to you by the Records Center.
13. **File Number:** LEAVE BLANK if this is the first time you have requested the file. If the file was previously retrieved, fill in the file number assigned by the Records Center.
14. **Record Attached:** ***“FOR RECORDS CENTER USE ONLY”***
15. **Record Not Available- Charged Out To:** ***“FOR RECORDS CENTER USE ONLY”***
16. **Record Not Found:** ***“FOR RECORDS CENTER USE ONLY”***
17. **Date Searched:** ***“FOR RECORDS CENTER USE ONLY”***
18. **DATE RETURNED:** Fill in the date that the record is sent back to the Records Center.
19. **RETURN AUTHORIZATION:** Fill in the name.