




---

## REQUEST FORM FOR DEPARTMENTAL RECORDS

01. Name : .....
02. I.C. No. : .....
03. Department : .....
04. Telephone No. : .....
05. Date : .....
06. Signature : .....

07. Type of Records (Please tick (✓) in the box provided) :

- ( ) File
- ( ) Publication
- ( ) Map/Plan
- ( ) Photograph
- ( ) Others .....

08. Document details:

No.	Reference No.	Title	Year	Box No.
01.				

*\*Please use one form for one item ONLY*

---

(OFFICE USE ONLY)

Returned by researcher:

Date : .....

Time : .....

Checked by : .....

NOTE: