

## Quality Assurance & Records Management

### RECORD CHECK-OUT REQUEST

PERSONNEL RECORD OF: \_\_\_\_\_ SS# \_\_\_\_\_

NAME: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

OR

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

ID PRESENTED: \_\_\_\_\_ TECH INITIALS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_