UMDNJ
University of Medicine & Dentistry of New Jersey

Data Control Department

OFFSITE RECORDS STORAGE FORM

REQUEST FOR NEW ACCOUNT
(or change to Authorized Personnel)

Check One
- ☐ New Account
- ☐ Change Authorization
  Dept #_____

Org Number (Index) _____

Org Name _____

Department Address _____

Below please list the authorized personnel to process new storage/retrieval/return requests.

_____
(Primary Name, E-mail address & Phone)

_____
(Alternate #1 Name, E-Mail address & Phone)

_____
(Alternate #2 Name, E-Mail Address & Phone)

_____ _____ _____
Department Head Signature Date EMAIL

_____ _____
Print Name Business Office Approval

Please Forward form to:

Data Control Department
Liberty Plaza – Fourth Floor
New Brunswick Campus
Fax: (732) 235-9237