REQUEST FOR RECORDS For use of this form, see AR 25-400-2; the proponent agency is ODISC4			
PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM			
 These records will be used for official purposes only. Do not remove, permit to be removed, add to, or reveal the contents to unauthorized persons. The requester is responsible for return of these records intact to the office of record. 			
SECTION I - TO BE COMPLETED BY THE REQUESTER			
1. RECORD(s) REQUESTED (Give file clas requested, give name (LAST NAME FIRST),	sification, subject, date, an	d other identifying information.	
2. REQUESTER'S ADDRESS		 3. ESTIMATED NO. OF DAYS F 4. TELEPHONE NO. 	RECORDS ARE NEEDED
		6. NAME AND SIGNATURE OF	REQUESTER
SECTION II - TO BE COMPLETED BY THE RECORDS CUSTODIAN			
7. SEARCHER'S REPORT a. RECORDS ATTACHED FOR DELIVERY TO ADDRESS IN ITEM 2. b. RECORDS CURRENTLY ON LOAN (Complete block 7d.) c. UNABLE TO IDENTIFY RECORDS 8. DATE RECORDS MUST RETURNED		d. NAME, ADDRESS, TELEPHONE NO., AND DATE LOANED	
9. ADDRESS OF CUSTODIAN		 TELEPHONE NO. 12. NAME AND SIGNATURE O 	11. DATE F CUSTODIAN
SECTION III - TO BE COMPLETED BY THE OFFICE OF RECORD			
13. DATE RETURNED 14.	SIGNATURE OR INITIALS C	OF INDIVIDUAL TO WHOM RECO	RDS WERE RETURNED