

Alpha Records Management  
Authorization Form  
Phone: 304-255-9060  
Fax: 304-255-4156

Client Number:  Date:

Client:   
 Address:

Please list those individuals who may order, accept delivery, access deposits or any information pertaining to deposits.

Print Name	Signature

Please list those individuals who can authorize permanent destruction of deposits.

Print Name	Signature

Authorizing Signature:	Title:	Date:
	<input type="text"/>	<input type="text"/>