

Authorization Form

Phone: 304-255-9060

Fax: 304-255-4156

Alpha Records Management Inc.

Document Management Center

Account:		Date:
Address:		
Authorized By:	Phone #:	Office Use

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

Print Name	Department	Signature

Please list those individuals who may order permanent destruction of deposits.

Print Name	Department	Signature

This form will replace all other forms on record with ARM unless otherwise noted.

_____ **Replace all forms on file.**

_____ **Supplement forms on file.**

Authorizing Signature: _____

Date: _____