

Date:

Electronic Receipt (eReceipt) Request

An electronic receipt provides you an emailed receipt for delivery or pickup of your records.

Please complete the following information and return this form to AuthorizationClerk@uvsinc.com.

Company:	
Client Number: (If known, if not, Records Center will complete)	
Department:	
Name: (if sending to a group email, please enter the group name)	
Email address (required):	
If you would like multiple people to receive eReceipts, please provide names and their email addresses below	
Name	Email Address