



Authorization Form

The UV&S Client Authorization Form was created for your protection. It is necessary that the code number assigned to you on this form be kept confidential. UV&S personnel are required to honor all requests with a valid code number. By signing the form, the Authorizing Agent hereby certifies that the authorized employee may perform all functions checked.

Please complete all applicable fields.

Authorization Code # (to be completed by UV&S personnel)

Date _____

Authorized Employee Name (Please print) _____

Employee's Signature _____
(signature must be a handwritten signature unless an e-Signature Software Consent form is on file with UV&S)

Job Title _____

Department/Cost Center (if applicable) _____

Company _____

Mailing Address _____

City, State, Zip _____

Phone # _____ Ext # _____ Fax # _____

Email Address _____

Security Privileges: Must be completed to be valid. Check all areas that apply.

- Access to records Request destruction of records Authorize personnel
 Access to all Departments

I hereby certify that the above individual may perform all functions checked.

Authorizing Agent (please print) _____

Authorizing Agent Signature _____
(signature must be a handwritten signature unless an e-Signature Software Consent form is on file with UV&S)

Internet Email Request - UV&S can accept email requests for any retrieval **EXCEPT** emergency retrievals. If you require an emergency or same day request, please call your records center.