

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i>		CONTROL NUMBER:
REFERENCE SERVICE REQUEST		DATE:
NAME OF REQUESTING PARTY:	ADDRESS:	CONTACT NUMBER/S:
RECORDS TITLE, DESCRIPTION AND OTHER INFORMATION (such as Name, Year, Office, Course Taken, Address, Case Number, Date of Admission):		
PURPOSE:		
NATURE OF SERVICE: <i>(Check box)</i> <input type="checkbox"/> Certified Photocopy <input type="checkbox"/> Photocopy <input type="checkbox"/> Loan <input type="checkbox"/> Permanent Withdrawal <input type="checkbox"/> Certification of Non-Availability <input type="checkbox"/> Information Only <input type="checkbox"/> Conduct Research <input type="checkbox"/> Others (Specify): _____	Check if previous request was already made <input type="checkbox"/> YES Date of previous request _____ <input type="checkbox"/> NO Number of copies requested <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Others _____	
FOR RECORDS CENTER USE ONLY		
STATE OF RECORDS REQUESTED: <input type="checkbox"/> Restricted <input type="checkbox"/> Not Restricted <input type="checkbox"/> Records not in the Center custody <input type="checkbox"/> Records previously charged out to: NAME : _____ DATE : _____ <input type="checkbox"/> Records has been disposed of DATE : _____ <input type="checkbox"/> Additional information is required to identify further the records requested	DATE DUE:	REQUESTED THRU: <input type="checkbox"/> Snail Mail <input type="checkbox"/> E-mail <input type="checkbox"/> In-Person
		RECORDS CONSULTED: AC # : _____ Agency : _____ Bundle/ Box Number : _____
RESULTS/ FINDINGS:		
RESEARCHED BY (Name and Signature):	NOTED BY:	