

Professional Records Management

AUTHORIZATION FOR ACCESS

MEMORANDUM:

To facilitate your requests and to keep our information current, please fill in as indicated and return this form to our office. We suggest that you assign an individual the responsibility of keeping this list up to date. Please have the appropriate person sign this form at the bottom. To assure security for your records, additions and deletions to this list must be in writing.

This shall be considered authorization for the following named individuals to have access to the contents held in the account named below.

Thank you for selecting The Data Vault for your offsite storage needs.

ACCOUNT NAME	ACCOUNT NUMBER

PRINTED NAME	SIGNATURE	PHONE #	EMAIL ADDRESS

APPROVED BY:	SIGNATURE	DATE: