

**TEESTO CHAPTER
REQUEST FOR CHAPTER
RECORDS OR DOCUMENTS**

Name of Requestor: _____ Date: _____

Name of Organization: _____

Address: _____

Telephone Number: _____

Title of Record(s)/Document(s): _____

Number of Duplication: _____ Fee of Reproduction: _____

Purpose for Request: _____

FOR OFFICE USE ONLY

Approval

Denied

Signature of Chapter Manager

Date: _____

EXPLANATION FOR DENIAL:

Signature of Chapter Manager

Date: _____