

# STACKS

## AUTHORIZED REPRESENTATIVE FORM for Microfilm/fiche

Customer Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Please PRINT or TYPE IN CAPITAL LETTERS, leaving one space between first and last name.

AUTHORIZED REPRESENTATIVES PERMITTED TO ORDER RECORDS/SERVICES FROM STACKS
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	Name	Phone Number	Email Address
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____

Acting as the representative for our organization, I, \_\_\_\_\_, understand the importance and use of the Authorized Representative Process.

I understand that STACKS strictly enforces use of the Authorized Representative Process for ordering records, and that only those individuals listed above will be authorized to request delivery of and/or access to our company's records.

I will submit any changes in our Authorized Representative list to STACKS in writing, knowing changes require a two business day verification period prior to use.

\_\_\_\_\_  
COMPANY REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE SIGNED

*Send to STACKS and retain a copy for your records.*

601 SE 5th St., Topeka, KS 66607

785-232-9443 fax: 785-232-9130

[www.stacks.solutions](http://www.stacks.solutions)