

LARSON

RECORDS MANAGEMENT

2550 Walnut Street - Roseville, MN 55113
651-636-4156 Phone - 651-621-1470 Fax

AUTHORIZED PERSONNEL LIST

THE FOLLOWING PERSONNEL ARE AUTHORIZED
TO REQUEST SERVICES ON BEHALF OF _____.

NAME (FIRST & LAST)	SIGNATURE	PHONE	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As an authorized representative for _____, I hereby agree that only those provided with the above written authorization will have access to corporate records. I understand further the meaning of this document and if I choose to make changes, additions, or deletions, I will provide these in writing to Larson Records Management. Changes to this form will go into effect 24 hours after receiving update. For answers to procedural questions, please contact a customer service or sales representative of Larson Records Management. All information will remain confidential.

Authorized Signature / Title

Print Name