



UCS File Retrieval Request
Return to Carol Edwards, Conference Center 152

UCS Userid: _____ Name: _____

Phone: _____ Date/Time of Request: _____

SIGNATURE: _____

PLEASE ALLOW AT LEAST TWENTY-FOUR HOURS FOR PROCESSING!

Please provide the following information:

Date/time file(s) to be retrieved were last modified and known to be in good shape: _____

Path and Filename(s): *Example: /w1/cs1501/abc1234/homework.ps*

For Computing Support Services Use Only

Cartridge #'s required for retrieval: _____

Retrieval Fee: \$20.00 per cartridge

TOTAL DUE: _____ *Acct. 5507*

Paid. Receipt attached.

Fee charged to: _____

Fee waived because: _____

Retrieval Submitted: By: _____ Date: _____ Time: _____

Retrieval Status:

Retrieval Successful

Cancelled because: _____

Request refused because: _____