# PRESIDENTIAL LIBRARIES MANDATORY REVIEW REQUEST

**MR NUMBER**

**FOR LIBRARY USE ONLY**

PAGE OF PAGES

DATE RECEIVED

DATE COMPLETED

## SECTION I - PERSONAL DATA (SEE REVERSE)

**NAME** *(Last, First, Middle or Initial)*

**ADDRESS** *(Street, City, State, Zip Code) (Give Country if other than U.S.)*

INSTRUCTIONS

1. Limit the size of the total request to no more than 35 documents
2. Provide as much info as is available in Sections I, II, and III.
3. Type or print clearly in black ink.
4. List items from ONE FOLDER ONLY on this form (use additional sheets whenever necessary).

## SECTION II - FILES DESCRIPTION

**COLLECTION TITLE**

**BOX NUMBER**

**COMMENTS**

**FOLDER TITLE**

**FOR OFFICIAL USE ONLY**

## SECTION III - ITEM DESCRIPTION / SECTION IV - CLASSIFICATION/ACTION

| DOCUMENT NUMBER | DOCUMENT TYPE | DOCUMENT SUBJECT/TITLE OR CORRESPONDENTS | DOCUMENT DATE | NUMBER OF PAGES | CLASSFIC-ATION | CLASSIFIER AND CONSULTING AGENCIES | ACTION TAKEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |