

# Distribution/Recall of a Controlled Document

**Form Number:**  
**6.2-1**  
**Page 1 of 1**

Please type or print. If new or revised document, include one (1) ORIGINAL copy of the document to be copied for distribution and associated review documentation, if any, and electronic copy, preferably in Word.

**Requester's Name** \_\_\_\_\_ **Org** \_\_\_\_\_

Document Title(s)	Document Type/Number	Revision
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please check all that apply:**

This is a/an

entirely new document.

revision; change bars are included (previous revision is superseded).

recall Document \_\_\_\_\_ Revision \_\_\_\_\_. It is being replaced by the Document listed above.

(a copy of this form will also be placed in the records package of the recalled document)

recall. Reason for recall: \_\_\_\_\_

request for replacement of hardcopy of the Controlled Document(s) listed above.

request to be added to the hardcopy distribution list for the Controlled Document(s) listed above.

request to be deleted from the hardcopy distribution list for the Controlled Document(s) listed above.

**List any form(s) within the document appendices to be made into templates:**

**List of Recipients who need controlled paper copies:** (Fill out this section only if recipients do not have access to the web)

<u>Recipient</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date