

GAIN Legacy Document Request

Contact	Inform	ation
Jointage		auvii

Date:	
Name and address of requestor: (as it appears on your driver's license or government-	
issued ID)	
Email:	
Phone Number:	
Company/Organization:	
Company/Organization Address:	
Are you a U.S. Citizen or Lawful	
Permanent Resident (LPR)?	

Documents	Requested
------------------	-----------

If you do not know specific document titles, under title, list subject matter areas.

Title (Please enter the full title)	Primary Author (if known)	Publication Date	Originating Laboratory
		(if known)	(if known)

Χ			