



The University of Georgia

Facilities Management Division[®]

**Material Safety Data Sheets (MSDS)
Request Form**

Requestor Name: _____

Department Name: _____

Phone Number: _____ Email: _____

Name of Stock Item(s) MSDS Needed:

Check one of the following:

I would like to receive the MSDS request by email

I would like to receive the MSDS request by fax

My fax number is: _____