



Records Retention & Disposition Schedule
Creation / Revision Request Form

Agency Information				
Agency: (Name and Code)			Records Officer:	
Sub-Agency 1:			Email:	
Sub-Agency 2:			Phone:	
Date of Request:				
Record Series Information				
Series ID: (if new leave blank)		Series Title:		
Series Description:				
Retention Period:				
Disposition:	Archive		Destroy	
Comments:				
<div style="position: relative;"> <div style="position: absolute; top: 50px; left: 350px; width: 30px; height: 30px; background-color: yellow; border: 1px solid black; border-radius: 50%; text-align: center; line-height: 30px;"> </div> <div style="position: absolute; top: 550px; right: 50px; width: 30px; height: 30px; background-color: yellow; border: 1px solid black; border-radius: 50%; text-align: center; line-height: 30px;"> </div> <div style="position: absolute; top: 600px; right: 50px; width: 30px; height: 30px; background-color: yellow; border: 1px solid black; border-radius: 50%; text-align: center; line-height: 30px;"> </div> </div>				
Access Restriction:				
Vital Record?:	Yes	Record Format:	Paper	Electronic
	No		Microfilm	Analog A/V
Electronic Recordkeeping Plan required?:	Yes	Electronic Recordkeeping Plan on file: (Title and Approval Date)		
	No			

Click Submit to
Email Form

Records Retention_Template
V2.0 Revised 10/2015