

Records Retention & Disposition Schedule

Creation / Revision Request Form

Agency Information								
Agency:				Record				
(Name and Code)				Office	r:			
Sub-Agency 1:				Email:				
Sub-Agency 2:				Phone	:			
Date of Request:								
Record Series Information								
Series ID:			Series Title:					
(if new leave blank)								
Series Description:								
Retention Period:								
ROTONTION PORION:								
Disposition:	Archive				Destro	у		
	Archive	<u> </u>			Destro	У		
Disposition:	Archive	<u> </u>			Destro	У		
Disposition:	Archive	<u> </u>			Destro	У		
Disposition:	Archive	<u> </u>			Destro	У		Ω
Disposition:	Archive				Destro	У		Ω Ω
Disposition:	Archive	<u> </u>			Destro	У		
Disposition: Comments:	Archive	Reco	rd Format:	Paper	Destro		ectronic	
Disposition: Comments: Access Restriction:	<u>(</u>	Reco	rd Format:	Paper Microfi			ectronic Analog A/V	
Disposition: Comments: Access Restriction: Vital Record?:	Yes	Elect	ronic Record	Microfi keeping	lm			
Disposition: Comments: Access Restriction: Vital Record?:	Yes	Elect		Microfi keeping	lm			

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