

RECORDS CONTROL FORM



CAMPUS/CENTER:	DEPARTMENT NAME:	DEPARTMENT SECTION:	
RECORD YEAR: MM/DD/YYYY	RECORD SERIES:	RETENTION PERIOD/ # OF YEARS	
RECORDS COORDINATOR:	PHONE (CONTACT):	EXPIRATION DATE: MM/DD/YYYY	
SHORT DESCRIPTION:			
EXTENDED DESCRIPTION:			
** SIGNATURE AUTHORIZES DESTRUCTION OF RECORDS AT INDICATED EXPIRATION DATE:		NOTICE: FORM MUST BE COMPLETE BEFORE RECORD CARTONS WILL BE ACCEPTED.	
**SIGNATURE OF DEPARTMENT HEAD: _____		DATE: MM/DD/YYYY	
RECORDS CENTER USE ONLY			
RECEIVED BY:	ENTERED BY:	DATE RECEIVED:	STORAGE LOCATION:

RETAINED IN RECORDS CENTER FILES

Enter the name of the Campus/Center

Enter the name of the Department (such as Finance, HR, Career Ed., etc.)

Enter the Record Series Title

Enter name of Department Section (such as Accounts Payable, Dental, Benefits, etc.)

Enter number of years (Fiscal - FY, Calendar - CAL or Anniversary - ANN. or PERMANENT)

Enter the Inclusive dates of the Records (07/01/2014 - 06/30/15)

Tier I or Tier II Coordinator Name

List the type of records included in the box (such as Purchase Orders)

Enter description information such as: Purchase Orders from Student Government/ Student Activities/ Clubs and Organizations

Enter the Month, Day and Year the files are eligible for destruction or write PERMANENT.

Make Sure the Department Head signs and dates the form!!

There are 4 copies of the form: 1 for the Warehouse, 1 to attach to the box, 1 the Warehouse will send back to the Coordinator once box is processed and 1 for the Department to keep and attach to the inventory sheet.

Enter the phone # for the Tier I or Tier II Coordinator