**RECORD DISPOSITION REQUEST**

**FORM A**

**CHECK ALL THAT APPLY:**

☐ Pick up Boxes in Room _____

☐ Transfer to local UHV storage

☐ Disposal Authorization Request – **Shredding costs may apply at $.25/pound.**

☐ Microfilming Request ☐ Archival Request

☐ Other_____

**To:** **Business Services**

**From:** _____

**Dept:** _____**EXT**_____

**Date:** _____ Subject: **Record Disposition**

Most Recent FY Contents of each box: _____

Department Cost Center Speedtype:

**RECORDS RETENTION USE ONLY**

Box #: _____ _____

Bldg/Room #_____

DY: _____
(Date records can be destroyed)

DD: _____
(Date records were destroyed)

Vital Records Disposition: _____
_____

| Page # (RRS, Col 1) | Agency Item # (RRS, Col 5) | Records Series Title (RRS, Col 6) | Required Retention Period (RRS, Col 7) "Total" | Security Code (RRS, Col 8) | Archival (RRS, Col 9) | Medium RRS, Col 10) | Vital (RRS Col 11) | BSERV Authorization |
|---|---|---|---|---|---|---|---|---|
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Remarks: _____
_____

Instructions:

- Complete original and one copy for each box do not fill in shaded areas.
- Fold one copy along the bold lines and tape at the end of box, below handle.
- Forward <u>original</u> copy to Business Services.
- Complete procedures can be seen at Record Retention Policy A-36 accessible from Business Services homepage.