



# FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT

## RECORDS RETENTION CENTER

281-996-2574

### REQUEST FOR TRANSFER OF RECORDS TO RETENTION CENTER

Please complete one of these forms for each storage box sent to the Records Center

Date Sent \_\_\_\_\_

Campus / Department \_\_\_\_\_

Sender's Name \_\_\_\_\_

Contents of Container (be specific):

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#### NOTE

Please write with a marker on the outside of each box the following information:

1. Campus/Department
2. Year(s) of the contents
3. Brief description

#### TO BE COMPLETED BY RECORDS DEPARTMENT

Date Received \_\_\_\_\_

Destroy Date \_\_\_\_\_

Assigned Box Number \_\_\_\_\_

Assigned Box Location \_\_\_\_\_

Permanent (Do Not Destroy) \_\_\_\_\_

Once information is processed you will receive a copy for your records.