



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):

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.