

MATHIS INDEPENDENT SCHOOL DISTRICT

RECORDS RETENTION MANAGEMENT LABEL



Affix this label to the bottom left-hand corner of the end of the box

Campus/Department: _____

Number **1** of ____ Boxes

Box Content (brief list/description): _____

Content Date Range: _____ Month, _____ Year **TO**
_____ Month, _____ Year

Duplicate Files: Yes or No

Packed By: _____ Packing Date: _____