Transfer Request to Records Warehouse

Campus / Department:	Date of Submission:	Campus/Department Administrator Approval Name: Signature:

Please use the Local Schedule GR & Local Schedule SD to complete the section below

Record Number	Record Title & Description	Retention Period	Destruction Date
EX. SD3275-02a	*ATTENDANCE REPORTS* *HHS 2017- 2018 Attendance Reports*	*SD: 5 years*	*August 2023*

Campus Checklist

- ☐ Boxes are labeled with SR/GR Title & Description
- ☐ Boxes are free of binder clips / binders/ paperclips
- ☐ Boxes are in approved retention boxes
- ☐ Boxes are properly numbered for record series (EX.1 of 8)

FAI Checklist

- ☐ Box count verified
- ☐ Boxes contain only paper
- ☐ Boxes properly labeled based off SR/GR Schedule

Picked up by: Signature:	Date:	Number of Boxes Collected:
Confirmation by Campus/Department: Signature:	Date:	Number of Boxes Picked Up: