NYACK PUBLIC SCHOOLS
RECORDS TRANSFER FORM

Building_____ Department_____

Name of Sender_____ Phone/Ext._____

Signature of Person Authorizing Transfer: _____ Date_____

Sending to Room #_____

Box #	Description of Contents	Date Range of Contents	Retention/Disposal Date	LGS-1

Please note:

1. Complete and retain one copy for your records
2. Email to Records Management
3. Attach one copy to storage materials: Boxes should be numbered sequentially and labelled with a copy of this form
4. Enter a work order to move the boxes to the appropriate storage room
5. The supervisor of records will sign, date and return one copy to the originator and keep one copy for files when records are placed in storage

Signature Supervisor of Records_____ Date_____