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: _____