



**Records Retention & Disposition Schedule
Creation / Revision Request Form**

Agency Information				
Agency: (Name and Code)		Records Officer:		
Sub-Agency 1:		Email:		
Sub-Agency 2:		Phone:		
Date of Request:				
Record Series Information				
Series ID: (if new leave blank)		Series Title:		
Series Description:				
Retention Period:				
Disposition:	Archive		Destroy	
Comments:				
Access Restriction:				
Vital Record?:	Yes	Record Format:	Paper	Electronic
	No		Microfilm	Analog A/V
Electronic Recordkeeping Plan required?:	Yes	Electronic Recordkeeping Plan on file: (Title and Approval Date)		
	No			

Click Submit to
Email Form

Records_Retention_Template
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