

RECORDS STORAGE REQUEST

REQUESTED BY

Name Department / School / Division Phone Number Fax Number Date

RECORDS

Record Series Name: _____ Description of Record Materials

Record Series Number: _____

Agency Number: _____

Year: _____ Fiscal Academic

Destruction Date: _____

Number of Boxes: _____ Reason for Storage Request

Location of Boxes (Building/Room): _____

Est. length of time these records must to be stored: _____

When the storage time for these records expires: Return Destroy

RECOMMENDED BY

Dean or Other Administrative Official Date

INSTRUCTIONS

Please submit this form to – Email: **RecordsRetention@utdallas.edu**
– Fax: **972.883.6115**
– Mail Stop: **SG 10**

If your record materials are accepted for storage in the **UT Dallas Records Management Center**, the following conditions apply, without exception:

1. All record materials must be packed in boxes, sealed, and clearly marked using a label provided by EH&S.
2. The boxes used for records storage must be **Fellowes Bankers** boxes, sized 12"W x 10"H x 15"D. Larger boxes will be returned.
3. Large, bulky items must be arranged to be picked up by Facilities Management after the storage request is approved.

Questions? Call: **972.883.4111**

TO BE FILLED OUT BY RECORDS RETENTION OFFICER

Approved Disapproved _____
Records Retention Officer Date

Remarks