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|-------------------------------|-----------------------|
| Administrative Area | Division |
| Department | Office |
| Records Officer | Phone |
| Inventory Completed By | Inventory Date |

Records Series Title:

Description of Series:

| | | | |
|---|---|---|----------------------------|
| Inclusive Dates | Are records still created? <input type="checkbox"/> Yes <input type="checkbox"/> No | Volume | Annual Accumulation |
| Filing Method/Arrangement | Storage Method | Purpose of Record | |
| Media Format(s) – list all that apply and specify sizes <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Microform <input type="checkbox"/> Other: | | | |
| Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No | Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No | Vital? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| By: | | | |

For Records Management Use

| | |
|---|------------------|
| Retention Period and Justification | Comments |
| Archival material? <input type="checkbox"/> Yes <input type="checkbox"/> No | IUC Group |