

FM Work Request No.

UNTHSCRM 100
Date Issued: 4-1-97 Revised 10/3/2009

RECORDS TRANSMITTAL FORM RECORDS AND INFORMATION MANAGEMENT

To: Records Management
Attn: Steve Woodall

From:

Subject: Request To Transfer Records to Storage/Archives In Accordance With The University of North Texas Health Science Center Retention Schedule. It is agreed that the records described on the attached pages will be administered in accordance with the provisions, rules, and regulations of the University of North Texas Health Science Center. I certify that I am in compliance with the health science center Records Retention Schedule and authorized to act for this office or department on matters pertaining to the disposition of health science center records.

Signature: _____ Title: Date:

Department: Extension: Account No:

Confidential records must remain inaccessible to unauthorized personnel during this process.

Record Medium: Hard Copy: Microfilm: Electronic:
(Check Only One)

Number of Boxes/Containers:

Box/Container Type:

Record Series Title:

Dates of Records:

Agency Code 763 Retention Period

Please complete the attached Records Transmittal Log per box of records. It is recommended that each office retain a copy of this record.
Each department is responsible for properly boxing, labeling, and inventorying all records transferred to Records Management according to RM Policies and Procedures.

RECORDS TRANSMITTAL LOG

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(PLEASE FILL OUT FOR EACH BOX) PRINT OR TYPE

Container Number	Record Series Title Review Records Retention Schedule	Retention Period	Department Name of Record(s)	Secondary Information Ex. DOB etc.	Date Range of Records Ex. From/To Date, Last Visit

FOR RECORDS MANAGEMENT DIVISION USE ONLY	Date Transferred	Received By	Approved By	Checked in By	Entered By	RMD Job Number
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