

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.

