FM Work Request No.	

UNTHSCRMD 100

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

RECORDS TRANSMITTAL FORM RECORDS AND INFORMATION MANAGEMENT

To: Records Management Attn: Steve Woodall		
From:		
University of North Texas I records described on the attarules, and regulations of the in compliance with the health	Fer Records to Storage/Archives Health Science Center Retention ched pages will be administered in University of North Texas Health a science center Records Retention on matters pertaining to the dispose	Schedule. It is agreed that the accordance with the provisions, Science Center. I certify that I am a Schedule and authorized to act
Signature:	Title:	Date:
Department:	Extension:	Account No:
Confidential records must rem	ain inaccessible to unauthorized po	ersonnel during this process.
Record Medium: Hard (Check Only One)	Copy: Microfilm: Ele	etronie:
Number of Boxes/Containers:		
Box/Container Type:		
Record Series Title:		
Dates of Records:		
Agency Code 763 Retention	n Period	
Please complete the attached that each office retain a copy of	Records Transmittal Log per box of this record.	of records. It is recommended

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

UNTHSCRMD 100A Date Issued 4/1/97 Revised 10/3/2009 (PLEASE FILL OUT FOR EACH BOX) PRINT OR TYPE

Container		Record Series Title		Retentio	on	Departmen	nt Name of	Seco	ondary Information	Date Range of Records
Number	Review	Records Retention Scho	edule	Period	t	Reco	rd(s)		Ex. DOB etc.	Ex. From/To Date, Last Visit
FOR RECORDS MANAGEMENT DIVISION USE ON	NLY	Date Transferred	Received By		App	roved By	Checked in By		Entered By	RMD Job Number