

RECORDS STORAGE REQUEST

REQUESTED BY

Name Department / School / Division Phone Number Email 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: _____

Date boxes should be returned to department: _____

RECOMMENDED BY

Dean or Other Administrative Official Date

INSTRUCTIONS

Please submit this form to – Email: **RecordsManagement@utdallas.edu**
– Fax: **972.883.2262**
– Mail Stop: **AD 35**

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 Legal Affairs.
2. The boxes used for records storage must be Bankers boxes, sized 12"W x 10"H x 15"D. Larger boxes will not be accepted.
3. Departments are responsible for arranging transport of items to the Records Management Center.
4. Stored materials will be returned to departments at the end of the storage period. Records Management will not dispose of records.

TO BE FILLED OUT BY THE RECORDS MANAGEMENT OFFICER

Approved Rejected _____
UT Dallas Records Management Officer Date

Remarks