RECORDS LIBRARY
FILE STORAGE FORM
(to be used when sending boxed files)

NAME OF DEPARTMENT:_____

NAME OF AUTHORIZED
PERSON SENDING FILES:_____

TITLE OF FILES BEING SENT, ***To appear in catalog as listed here!***

_____

_____

DISPOSAL DATE: _____

DISPOSAL METHOD (check one) RECYCLE_____ DESTORY _____ ARCHIVE _____

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(to be signed by department Director before disposal)

By signing below I authorize the disposal of the files listed above by the method indicated.

Department Director's Signature _____ Date _____

Disposal Approved By: _____ Date _____

Optional Listing Of Files Enclosed:
This information will not appear in catalog.

_____ _____

_____ _____

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_____ _____

_____ _____