

# Records Management STORAGE APPROVAL



2. Department			3. Department Record Coordinator		1. Approval Number	4. Phone	5. Fax
6. Pickup Address (Building / Room Number)			7. Location (L) #				
8. Records Title						9. Agency Item #	
10. RRS Date	11. Retention Agency	12. Retention Storage	13. Retention Total	14. Activity Rate - From Stored Records			
_____ References Per _____ Box <input type="checkbox"/> Mth <input type="checkbox"/> Year							

15. Access Authorization - Check One

Unlimited Access - Any employee in the department may request and sign for return of a stored record.

Limited Access - Only authorized department employees listed below may request and sign for return of a stored record.

Authorized Employee Name	Employee Number
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

16. Department Records Coordinator \_\_\_\_\_ Date \_\_\_\_\_

For Records Management Use

17. Form Received By/Date	18. Assign Approval Number/Date	19. Records Management Officer/Date	20. Notify Department of Approval/Date
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