# Records Management

## TRANSMITTAL OF RECORDS

Page _____ of _____

UTMB®
The University of Texas Medical Branch

| 1. Department | 2. Contact Person | 3. Phone | 4. Mail Route | 5. Fax |
|---|---|---|---|---|
| 6. Pickup Location (Building / Room Number) | | 7. Location (L) # | 8. Approval # | 9. RRS Date |
| 10. Records Title | 11. Agency Item # | 12. Retention Total | 13. Medium | 14. Boxes |

| 15. RC Box Code # | 16. Temp # | 17. Name Of First Item In Box | 18. Name Of Last Item In Box | 19. Inclusive Dates | | 20. Disposition Date |
|---|---|---|---|---|---|---|
| | | | | Oldest | Newest | |
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For Records Management Use

| 21. Form Received By/Date | 22. Validation Prep By/Date | 23. On-Site Inspection By/Date | 24. Pick-up By/Date | 25. Put Away By/Date |
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