

BCC RECORD STORAGE LABEL / LOCATER CARD



Records Management

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE TYPING FORM

Please Type

1. COST CENTER NUMBER	2. COST CENTER NAME	L O C A T I O N	12.	ROW
3. RECORD SERIES TITLE	4. Schedule No.		5. Item No.	SECTION
6. Department Head's recommended period of retention - REQUIRED (If same as State, enter "Same")			SHELF LOCATION	
7. Carton Numbered OF	8. Dates in this Carton (Earliest to Latest) FROM: TO:		9. Sequence of Contents in FROM: TO:	HOLDING AREA AWAITING DEST'N

0. DESCRIPTION OF ACTUAL DOCUMENTS (SUMMARIZED) IN THIS BOX

FOR OFFICE USE ONLY

1. MICROFILMED (Check one only) <input type="checkbox"/> Yes <input type="checkbox"/> to be microfilmed <input type="checkbox"/> Not to be microfilmed	ACTUAL DATE OF DESTRUCTION
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WHITE: CARTON LABEL (Narrow End)
 CANARY: RECORDS MANAGEMENT (via Phys. Plt.)
 PINK: COST CENTER (File Copy)
 "AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION"
 RIM-2 (Rev. 3/85)