

**RECORDS MANAGEMENT DEPARTMENT
THE UNIVERSITY OF TENNESSEE**

PICK-UP REGULATIONS

For Storage, give adequate notice for scheduling pickup time.

STORAGE

- 1. Use only the storage boxes from General Stores. This is the only size that will fit on the shelf. General Stores order number is 5555750.***
2. Ensure that the box:
 - a. is properly packed, i.e., not too tight, not too heavy, not underpacked
 - b. is in good condition, and not ripped, damp, or mildewed.
3. Loose papers must be in a file folder.
4. **DO NOT** pack hanging file folders. Remove records from hanging file folders and place in standard manila file folders.
5. **DO NOT** pack binders, notebooks or journals. Remove all records from binders, notebooks and journals and place in manila file folders.

Hanging File folders, binders, notebooks and journals tend to destroy the boxes.

INSTRUCTIONS FOR COMPLETING RECORDS INVENTORY & RETENTION FORM

This form must be completed for all records. If you have any questions relating the completion of this form, please contact the Records Management department at (901) 448-8471 or via email mgrinsto@uthsc.edu.

Please send your original completed form(s) to:
Marion Grinston, 308 Hyman Records Management

- #1. **Department:** Enter the complete name of your department.
- #2. **Acct. #:** Enter the responsible account number assigned to the above account name.
- #3. **Location:** Enter the location as to where these boxes are physically located.
- #4. **Name of Contact:** Enter the contact person's name.
- #5. **Telephone:** Enter the contact persons direct telephone number.
- #6. **Address:** Enter the contact person's campus address.

....Continued Instruction for competing Records Inventory & Retention Forms.....

#7. Signature Approval: Have your Department Head person assigned to the above account number sign and date this form giving approval to store these records.

#8. Title: Enter the accurate working title/name of records. *A record title is a group of files classified according to their common characteristics and purpose. Try to keep this down to 15 characters including spaces so that all your description will show up on the Inventory Report.*

#9. Description: Describe what the files are. Be descriptive as needed but keep in mind that there are only *39 characters including spaces that will show on your Inventory report.*

#10. File Arrangement: Circle one of the file arrangements or write it in if it's another type not listed.

#11. Date Range: Enter the dates of the files that you are putting in this box from earliest date to current date of the files.

Example: FROM: 2/1/1980 TO: 10/3/2010 This format must be m/d/yyyy – no exceptions.

#12. Retention: How many year(s) are you required to store these files. (See Records Management Policy FI0120) enclosed

(Each box must have its own retention period according to what is in that particular box) This retention date is calculated by the: to section on number 11 of this form NOT BY THE CURRENT YEAR. Example: 10/3/2010 plus 10 years retention = 10/3/2020

Temporary Box # _____ of _____

Records Inventory & Retention Form
University of Tennessee Records Management Department
220 S. Dudley Street, Memphis, TN 38104
Phone: (901) 448-8471

Dept. Code# _____ College# _____

1. Department Name _____

2. Department Account # _____

3. Current Box Location _____

4. Contact Person _____

5. Contact Phone # _____

6. Contacts Campus Address _____

7. Dept. Head Approval Sign./Date _____

8. Records Title: _____
15 Characters only- including spaces - for report purposes

9. Description _____
Summary of box contents – 39 Characters only- including Spaces – for report purposes

10. File Arrangement: Alphabetical, Numerical, Other _____

11. Date Range of box contents from _____ to _____
(m-d-yyyy) (m-d-yyyy)

12. How many years do you need to store these files? _____

RECORDS MANAGEMENT SECTION ONLY

PERM. Box # _____ Aisle _____ Shelf _____ Row _____ Box _____

Forms Received: _____ Records Received _____ Date Entered _____

Destroy Date: _____

Records Management Department

**UT MEMPHIS
CAMPUS RECORDS MANAGEMENT CENTER**

RECORDS RETRIEVAL REQUEST

| A | DATE REQUESTED | TIME REQUESTED | PERSON REQUESTING | DEPARTMENT/OFFICE REQUESTING | DEPT. CODE | ADDRESS | PHONE |
|------------------|--|----------------|--|------------------------------|------------|---|---------------|
| B | RECORD SERIES AND FILE/INFORMATION REQUESTED | | RECORD CENTER LOCATION | | PERM BOX # | EXPECTED RETURN | DATE RETURNED |
| | | | Aisle | Shelf | Row | Box | |
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| C | SPECIAL INSTRUCTIONS: | | | | | | |
| Processed by:* | | | | | | | |
| Date Processed:* | | | | | | | |
| Time Processed:* | | | | | | | |
| Requested by | | | <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Visit | | | REMARKS:* | |
| Fulfilled by | | | <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Delivery | | | SIGNATURE OF PERSON RECEIVING RECORDS: X | |

NOTE: COMPLETE ENTIRE FORM (EXCEPT *)
* FOR RECORDS MANAGEMENT INTERNAL USE

MEMORANDUM

Date: June 20, 2016

TO:

From: Marion Grinston 448-8471
UTHSC-Records Management Center
308 Hyman

Subject: Records Management Expirations

Your departmental records that are stored in the campus Records Management Center have met their designated expiration dates. Therefore, I have attached your departmental inventory report and a Destruction Authorization Request form to be signed by your department head.

Please return this form by: _____ along with your inventory report at the address listed above.

Thank you.

Enclosures

Destruction Authorization Cover Sheet

Attached you will find:

1. Destruction Authorization Request
2. Inventory Report showing what files are ready to be destroyed.

These _____ boxes have met their Retention Period and therefore are ready to be destroyed.

If you are ready for these files to be destroyed you have a few options:

- 1. RMC will arrange for the movers to deliver them back to your department so that you may destroy them yourself.**
- 2. You may allow Records Management to destroy them by providing an account number.**
- 3. You may extend the destroy date by writing the new date on the Inventory report.**

Please return this form as soon as possible.
Thank You!

DESTRUCTION AUTHORIZATION REQUEST

Date: _____

TO: Marion Grinston 448-8471
UT Health Science Center Records Management Center
Finance and Operations, 308 Hyman Building

From: Coordinator Name _____

Department _____

Campus Address _____

Since the time period has expired on my record(s) in the UT Health Science Center Records Management Center, I have verified my latest Expired Records Report (attached) and request that each box be processed as follows:

_____ I authorize the Records Management Center to destroy all boxes marked for destruction on the attached report and charge the following:

Account Number _____ Account Name _____

_____ I would like to make arrangements to destroy my own boxes.

_____ I would like to extend the destroy date(s).

If you have different extension dates for each of your boxes, please make this change on your inventory report.

Authorized Coordinator Signatures:

Department Head Date Records Dept. Coordinator Date

Records Management Coordinator Date

Enclosures

Please return this form soon.
Thank You!