

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