Clear Form

DATE: _____ PAGE 1 OF _____

RECORDS CENTER USE ONLY

REQUEST NUMBER

RECORDS TRANSFER REQUEST

Mail Code: 9411
Phone: (305) 995-3289
records@dadeschools.net

FROM: _____
Department / School (print) Location No. Phone

_____
Address City Zip Code

_____
Administrator / Principal (print) Title

_____
Signature

_____
Contact Person, Title (print) Room No.

RECORDS WILL BE DESTROYED ACCORDING TO THE RETENTION SCHEDULE IDENTIFIED ON THE FORM.

ALL BOX INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

TEMPORARY BOX NUMBER	RETENTION SCHEDULE		RECORD SERIES TITLE/DESCRIPTION	INCLUSIVE DATES		RECORDS CENTER BOX NUMBER
	NUMBER	ITEM		FROM	TO	

THIS SECTION FOR RECORDS AND FORMS MANAGEMENT USE ONLY

Date Received: _____ Pick Up Date: _____ Accession Date: _____

Reviewed By: _____ Picked Up By: _____