

**Retention Schedule Change Request
BOA Records Management Program
SFN 01224-0007 (02/2018)**

Instructions: Use this form to request changes to Records Retention and Destruction Schedule Manual. Please type or print neatly. Your agency records officer must sign and date this form before Records Management can act on your request.

Complete one form for each record series request.

Department/Division:

Office/Program:

Records Officer:

Records Management Customer Number:

Requested Change: Add New Series Amend Series #: Delete Series #:

Record is the original
 Record is a copy (Specify the Department or Program responsible for maintaining the original.)

Record Format: Paper Electronic Other (Specify):

If applicable, select or specify storage location of the electronic record:

EDMS-(Specify System): Network (Shared) Drive Local Drive
 Other, Explain:

Record Title:

Description: *(New or Amending record series: List how the series is arranged; what the series contains; list the type of information found in the series; and provide a reason why the record is being maintained or what the series is used for. For record series Deletes: Provide the reason for deletion.)*

Requested Retention Period: Based on Administrative, Fiscal, or Legal Values (If unknown, leave blank).

Justification for Requested Retention: Provide state or federal law, ARSD, etc. that supports the requested retention period.

Your name:

Date:

Telephone #:

Department Records Officer Signature:

Date:

Telephone #: