

Retention Schedule Change Request		Department:				
BOA Records Management Program		Division:				
SFN 01224-0007 (12-01)		Office:				
Instructions: Use this form to request a change in an existing Records Retention and Destruction Schedule Manual. Please type or print in the blanks provided. If you need additional space, use the back of this form. Your agency records officer or your department head must sign and date this form below before Records Management can act on your request.		Program:				
		Records Officer:				
		Customer Number:				
		<input type="checkbox"/> Amend Series # <input type="checkbox"/> Delete Series # <input type="checkbox"/> Add New Series				
Record Format		Filing Method		Reference Rates		
<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Imaging <input type="checkbox"/> Computer <input type="checkbox"/> Other		<input type="checkbox"/> Alpha. <input type="checkbox"/> Chron. <input type="checkbox"/> Num. <input type="checkbox"/> Other		Year 1	Year 2	Year 3
				Per week	Per week	Per week
				Per month	Per month	Per month
				Per year	Per year	Per year
<input type="checkbox"/> This is an original <input type="checkbox"/> This is a copy		Rate of Accumulation: cubic ft/year (3,000 documents =1 cubic foot)				
Requested Record Title:						
Description: (Include purpose for which the record was created and a sample of the type of information contained in the record series.)						
Requested Retention and Destruction Schedule: (If unknown, leave blank)						
Justification for Requested Schedule: (Include statutes, ARSD, federal laws, etc.)						
Your name:			Date:		Telephone number:	
Department Records Officer Signature:			Date:		Telephone number:	