

## RECORDS RETENTION SCHEDULE REQUEST FOR A RECORD SERIES CHANGE

Record Series:	Description Title:		
Retention Period:	Office:	Record Center:	<b>Total:</b>
Comment:			

**Records Request Addition:** Please provide information concerning the requested addition.

**Records Request Deletion:** Please provide information concerning the requested deletion.

**Records Request Change:** Please provide information concerning the requested change.

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Records Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Records Specialist: \_\_\_\_\_

Date: \_\_\_\_\_