# INSTITUTIONAL PLANNING



# Record Management Advisory

3000 College Dr. S Lethbridge Alberta T1K 1L6 Tel. 403.320.3203 ext. 5291

**RECORDS**

**TRANSFER**

**Use this form to request transfer of master records (not copies) to the Records Archive**

|  |  |  |
| --- | --- | --- |
| **Instructions:**   * Records ***must*** be placed in standard bankers’ style boxes. **Note:** Before purchasing banker’ boxes, contact shipping/receiving - they may have boxes available for this purpose. * ***Do Not*** combine archival and semi-active records in the same box. * Complete one Records Transfer form per box. * Write the brief, general description from below ***on the front of the box***. **Note**: Summarize for critical information if the description is longer than allowable space on the box front. * Once completed, deliver this document to Institutional Planning for the assignment of the box number and archive location. The document can be delivered in-person or scanned and emailed to: [planning@lethbridgecollege.ca](mailto:planning@lethbridgecollege.ca). * Records Management Advisory will submit a work order to Facilities for box pick-up from the room number specified below. You will be sent a copy of the work order. | | |
|  | | |
| Department Name: | Person Transferring Records: | Phone Number: |
| Date of Request for Transfer **(YYYY-MM-DD)**: | | |
| Room number where boxed records are currently stored: | | |
| **Important Note: *do not* overfill the box – the lid *must* sit flat** | | |

|  |  |
| --- | --- |
| Provide a brief, general description  of the box contents (if more detail is required for your records - attach a separate document to this form): |  |

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| **Check ONE below – consult with Records Management Advisory if clarification required:** | | |
|  | Semi-active storage | Destroy on **(YYYY-MM-DD)**:  **This date must be aligned with the number of retention years defined in the Comprehensive Records Classification and Retention Schedule** |
|  | Archive | **Records must be eligible for permanent archiving, as defined in the Comprehensive Records Classification and Retention Schedule** |
|  | | |
| **Important Note:** Boxed records will not be opened by Records Management Advisory for verification. The signature below indicates the records described above are contained in the box and the retention period and final disposition status have been assigned by the record(s) owner according to the Lethbridge College Comprehensive Records Classification and Retention Schedule. | | |

Signature of Person Transferring Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# For Records Management Advisory Use Only:

|  |  |
| --- | --- |
| Box Number: | Box Location: |

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