



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

RECORDS RETENTION REQUEST & INSTRUCTION FORM

WE CANNOT ACCEPT BOXES THAT DO NOT MEET THE FOLLOWING REQUIREMENTS:

1. Boxes must be the appropriate size (12"x15"x10") with lids.
2. Boxes may NOT include any hanging file folders; they cause the boxes to collapse and can destroy records.
3. Boxes must be completely full; this prevents collapse.
4. Boxes must be clearly labeled with your department name, destroy date, section number, and a clear description of the contents. Contact the Accounting Office (extension 2512) to request labels.

CONTACT INFORMATION *(Please Print):*

Department Name _____

Section Number _____

Requested by _____
(NAME OF INDIVIDUAL PREPARING FORM)

Ext. _____

E-mail Address of Requestor: _____

Submit one copy of this completed form and box information sheet(s) to:

ACCOUNTING OFFICE

Rakov 215 or acctgofc@brockport.edu

There is limited space available in our Records Retention facility. Accounting reserves the right to limit the number of boxes retained.

**Please allow 2 weeks for review and processing.
The Accounting Office will coordinate the transfer of your records.**

The Accounting Office is pleased to answer any questions you may have. Contact them at extension 5960 or 5860 or acctgofc@brockport.edu. For more information on appropriate retention dates a reference manual is available upon request.

BOX INFORMATION

	<u>BOX DESCRIPTION</u> <i>(Please list box contents as written on box label.)</i>	<u>DESTROY DATE</u>
Box 1		
Box 2		
Box 3		
Box 4		
Box 5		
Box 6		
Box 7		
Box 8		
Box 9		
Box 10		

IMPORTANT NOTE: Only those boxes listed can be accepted for storage.

**** PLEASE PRINT OUT ADDITIONAL PAGES IF YOU HAVE MORE BOXES ****