



**RECORDS CENTER
USE ONLY**

REQUEST NUMBER

DATE: _____

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RECORDS TRANSFER REQUEST

Mail Code: 9411
 Phone: (305) 995-3289
 records@dadeschools.net

FROM:		
Department / School (print)	Location No.	Phone
Address	City	Zip Code
Administrator / Principal (print)		Title
Signature		
Contact Person, Title (print)		Room No.

RECORDS WILL BE DESTROYED ACCORDING TO THE RETENTION SCHEDULE IDENTIFIED ON THE FORM.

ALL BOX INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

TEMPORARY BOX NUMBER	RETENTION SCHEDULE		RECORD SERIES TITLE/DESCRIPTION	INCLUSIVE DATES		RECORDS CENTER BOX NUMBER
	NUMBER	ITEM		FROM	TO	

THIS SECTION FOR RECORDS AND FORMS MANAGEMENT USE ONLY		
Date Received: _____	Pick Up Date: _____	Accession Date: _____
Reviewed By: _____	Picked Up By: _____	