**1: INFORMATION ABOUT YOUR DEPARTMENT – COMPLETION OF ALL ITEMS REQUIRED**

Four-digit Department Number available from the Records Retention Schedule, or by calling Records Management at ext. 6-1875.

**DEPARTMENT NO.:_________ DEPARTMENT NAME:__________________________________________________**

**2: INFORMATION ABOUT THIS SERIES (TYPE OF RECORD) – COMPLETION OF ALL ITEMS REQUIRED**

Four-digit Series Number available from the Records Retention Schedule, or by calling Records Management at ext. 6-1875.

*IMPORTANT: If this is a new type of record, which Records Management has never received before, write “NEW” for Series Number, and complete Section 4 below.*

**SERIES NO.:________ SERIES NAME:________________________________________________________________**

**3: INFORMATION ABOUT THIS BOX – COMPLETION OF ALL ITEMS REQUIRED**

**BOX NUMBER:____________________________ OF: _________________________________ (example: Box 1 of 7)**

FIRST DATE of material in this box: _________________________    LAST DATE of material in this box: _______________________

DESCRIPTION OF BOX CONTENTS (i.e., alphabetic ranges, set title, or other descriptive information) (example: “A - L”):
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**4: NEW SERIES INFORMATION - COMPLETION REQUIRED ONLY FOR NEW RECORDS SERIES**

*NOTE: This information need only be completed for the first box of a multi-box set.*

Retention Period in years: __________ Check here if material is filed by Dartmouth Class year: ☐

Disposition Method:  ☐ Shred  ☐ Recycle  ☐ Archives
☐ Other (describe):

Current Format:  ☐ Paper  ☐ Computer Print Out  ☐ Magnetic Media
☐ Microfilm  ☐ Other (describe):

Record Organization:  ☐ Alphabetic  ☐ Chronologic  ☐ Numeric
☐ Other (describe):

Include a short description of this Record Series (one sentence):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Records Custodian (REQUIRED FOR NEW SERIES): _______________________________________

Print Name: __________________________  Date: ________________

**OPTIONAL: FILE LISTING - If available, please attach to this form a list of files included in this box.**

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

Last Update: 08/03/2009