

FLORIDA ATLANTIC UNIVERSITY – RECORDS MANAGEMENT

Department Box-Label Portion (Left side of the label is to be filled out by the department. If you have any questions, please call Controller's Office, Records Management Center, at #73113)		This side to be completed by Records Management Only		
Box #: _____ of the <u>TOTAL</u> number _____ of Boxes (Only one type of record series should be stored in one box)		Box # (in Access Database): (Assigned by Records Management only)	Item #: _____	
Description of (<i>Storage box</i>) Contents: If additional space is needed, type on a separate sheet, attach to the top of the box, and mail a copy to Records Management along with a copy of this label)			Method _____	
		Records Series Title: _____		
		Room	Row	Shelf
Period Covered (From - To): _____	Filing Sequence (From - To): _____	Retain Hard Copy (Retention Period): _____		
Dept # _____		Date Microfilmed: _____		
Department/College/Division: _____		Destroy Hard Copy After (Destruction Due Date): _____		
Signature: _____		Records received for Records Management: _____		
Authorized Signature of Dept./Person: _____ Date: _____		By: _____ Date: _____		
Left portion of this label is for the department person to fill out completely. Attach a copy to the small end of the box for identification purposes. Mail a copy to Records Management for the completion of right portion of the label and for Records Management's Access Database Box Number.				