

**RECORDS RETENTION SCHEDULE
REQUEST FOR A RECORD SERIES CHANGE**

Record Series:	Description Title:		
Retention Period:	Office:	Record Center:	Total:
Comment:			

Records Request Addition: Please provide information concerning the requested addition.

Records Request Deletion: Please provide information concerning the requested deletion.

Records Request Change: Please provide information concerning the requested change.

Requested By: _____

Date: _____

Department Head Signature: _____

Date: _____

Approved By Records Manager: _____

Date: _____

Approved by Records Specialist: _____

Date: _____