The University of Texas at Dallas
REQUEST FOR RECORDS STORAGE

Completed forms and any questions should be directed to:
UT Dallas Records Management
Email: RecordsRetention@utdallas.edu
Fax: 972-883-6115
Mail stop: SG10
Phone: 972-883-4111

FROM DEPT.: ______________ PHONE: ________ FAX #: ________

We request that the following materials be stored in The UT Dallas Records Management Center:

Record Series Name: ____________________________________________
Record Series Number: __________________________________________
Agency Number: ________________________________________________
Description of Materials: _________________________________________
Fiscal/Academic Year: ____________________________________________
Destruction Date: ________________________________________________
Number of Boxes ________________________________________________

Reason for storage request: ______________________________________

Estimated length of time material is to be stored: _____________________
At expiration of storage time, should the materials be destroyed? [ ]
Or returned to the department? [ ]

Current Location of Materials: Building __________ Room No. ________

If materials are accepted for Records Management storage, the following conditions will apply (NO EXCEPTIONS):

1. All material will be packed in boxes, sealed, and clearly marked with contents, department's name, record series number and destruction date (as specified in the UTD Records Retention Schedule) if applicable.

2. The box to be used for the storage of records will have the dimensions of 12”w x 10”H x 15”D, the Fellowes Bankers Box. If larger boxes are used, they will be returned to the department. NO EXCEPTIONS.

3. The department will arrange to have large, bulky items picked up by Facilities Management, after the approval of the storage request.

Requested By __________________________________ Date ____________
Recommended by Dean or Other Administrative Official Date ____________

To be filled out by the Records Retention Officer:

Approved [ ] Disapproved [ ]

Records Retention Officer __________________________ Date ____________

Remarks: ____________________________________________

Revised 04/19/17