

Records Retention Schedule

Office of Records Management

Division:	Department:	Location:	Page 1 of 1	Effective Date:
Department Chair:	Departmental Representative:			Revised Date:

Item Number	Record Title	Retention Period			Comments
		Office (active)	Storage (inactive)	Total	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					