

**COLLEGE STATION INDEPENDENT SCHOOL
DISTRICT
STORAGE CONTAINER TRANSMITTAL FORM**

Please prepare one form for each standard storage container to be sent

Department/Office/School _____

Box Number _____ of _____

Contents _____

Destruction Date _____ October _____

Documents Scanned to Laserfiche * Yes ____ No ____

Sender Name _____

To be completed at record center:

Aisle ____ Shelf _____ Position ____ Stack _____

Date Returned to Originator _____

Record Retention Box Number _____

*** Documents that have been scanned into the Laserfiche program still need to be packed, labeled, picked up and stored like other documents. They should not be shredded or discarded by the Department or Campus. The Purchasing Department will make the final decision as to the destruction of all records.**