

INSTRUCTIONS: Complete Parts I, II, or III as applicable. Obtain signature of appropriate administrator and forward copy to Central Records. Approval will be in the form of a letter.

PART I: SENDING SCHOOL/OFFICE INFORMATION

Name of Requestor _____ Title _____
Department/School/Office _____ Phone No _____ - _____ - _____
Location _____ Date ____/____/____

Signature, Director/Administrator

PART II: STORAGE REQUEST

Briefly describe material(s) to be stored. Please include a detailed list of contents and place **inside** box. Use MCPS Label Form 226-15, Rev. 9/99. Place label on the **small end of box** and label **clearly with a black permanent marker**.

Number of Boxes _____ Materials are confidential Materials are not confidential
Length of storage time: 1 year or less 2 or 3 years 4 or more permanent/archival (never to be destroyed)
Will this material require retrieval by Central Records staff? Yes No
If yes, how often? _____

**After storage time has elapsed records/materials are destroyed. Confidential/materials will be shredded.
Nonconfidential materials will be thrown away.**

PART III: SHREDDING REQUEST

Briefly describe material(s) to be shredded. Please clearly mark on the top of the box "**TO BE SHREDDED**" with a **black** marker. Use MCPS Label Form 226-15A, Rev. 9/99. Place label on **small end of box**.

Number of Boxes _____

