Clear Form

Print form

Records Center

Finance & Administration

UNIVERSITY OF GEORGIA

Control Form

Date: _____

Location:
UGA Records Center
Library Archives

_____
Originating Division & Department

_____
Name of Person to be Contacted

_____
Email Address

_____
Departmental Chart Sting #

_____
Telephone Number

_____
Fax Number

Preparation and Routing of Form

1. Prepare each file series separately and record each file series on separate lines.
2. Number boxes, CD/DVD's (1 of 5, 2 of 5, 3 of 5, etc).
3. Send a copy to the Finance & Administration Records Center.
4. Please print clearly or type this form.

# Boxes	# CD/DVD	Fiscal Year Covered	Name of File Series *	Retention Code	Total Retention Period in Years	Disposition Date	Control No/Location

* If filled in numerical or alphabetical sequence, give range of numbers or letters.

Type & Number of Containers

Letter Boxes: _____

CD's/DVD's: _____