



University of Washington
Departmental Records Retention Schedule
REFERENCE: RCW 40.14

Office Name	Record Group #	Records Authority Contact Name	Phone Number	Box Number	Approved by the State
Oral Medicine: Dental Education in Care of	/28/16/01/ REV: 6	Dalila Sebring	543-6501	Box 356370	v.2.12 (June 2020)
Title/Description	Cut-Off		Records Retention	Disposition Authority Number	Disposition Method

Evaluations -- Post Graduates

Provides record of evaluations and pre/post test results of Dentists and Hygienists who have taken advanced training courses from DECOD.

End of Calendar Year	3Y	90-12-46962	SHRED/ DELETE
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Records Officer Name Records Officer Signature
Barbara Benson