



STORAGE REQUEST FORM

University of Washington Records Management Services

Email completed form in **Excel format** to urc@uw.edu. Questions? Call 543-0573.

Department Name:	Office Name	Record Group #:	00/00
Records Coordinator:	Dale Cooper	Phone #:	555-5555
(Will receive Accession Confirmation report)		Look up your RG# here	
E-mail:	dbcop@uw.edu	Campus Mailbox:	555555
Contact for Pickup:	same	Phone # for Pickup:	same
Location of Boxes:	Building, Office, Room	Total # of Boxes:	3

[Have you reviewed the box requirements checklist? See the "Box Requirements" Tab or click here](#)

Box Contents Checklist

Do these boxes contain...	Click for dropdown	If yes, which boxes?
Packing Slips?	Yes	2
Procard Receipts or Approvals?	Yes	2
Internal Purchase Requests?	No	
Billing Source Documents?	No	
If so, are you an issuing or receiving office?		
Scanned Records?	No	
If so, which scanning policy did you follow?	None	
Research Data?	No	
Drug/Device or Research that requires FDA approval?	No	

Hover mouse over cells with **red** corners for further instructions.

[Link to UW General Retention Schedule - click on section to view individual series](#)

Box #	Record Series Title & Description	Inclusive Dates	Trigger Date (see comment)
1	Research Records and Data - Starfish Study - PI Jones - Study Closed 09/20/2015	2010-2015	9/20/2015
2	State Budget Financial Records - Packing Slips, ProCard Approvals, Reconciliations. Budgets XX-XXXX, XX-XXXX, XX-XXXX	June 2013 - June 2015	
3	Student Folders - A-Z - Graduated Spring 2016	Spring 2016	

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(please leave blank)**

Last Office Contact:

RT #: Date:

Accession#:

Notes/Comments:

Reviewed by:

Departmental Signature
AT TIME OF PICKUP:

Picked up by: Date:

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(please leave blank)**

Cutoff/Retention

DAN