

RECORDS DISPOSITION REQUEST CONTINUATION

DCPS FORM: RIM107/01-02

DCPS PICK-UP NO: _____
(RIM USE ONLY)

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DCPS REQUEST NO: _____
(RIM USE ONLY)

1. AGENCY: Duval County Public Schools	2. DIVISION:	3. SCHOOL OR DEPARTMENT:
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10. LIST OF RECORDS FOR DISPOSAL *(Please Type Or Print Legibly)*

a. State Schedule No.	b. State Item No.	c. Title Of Records <i>(As Listed In The General Records Schedules, GS1-SL or GS7)</i>	d. Inclusive Dates Of Records		e. Retention Requirement	f. Volume In Cubic Feet <i>(See GS7-P. IV)</i>	g. Miscellaneous <i>(RIM Use Only)</i>
			Beginning Month/Year	Ending Month/Year			

**DUVAL COUNTY PUBLIC SCHOOLS
RECORDS & INFORMATION MANAGEMENT OFFICE
RECORDS PICK-UP & DISPOSITION AUTHORIZATION**

(To Be Completed by School or Department) (Please Type or Print Legibly While Pressing Firmly in Black Ink)

This is to certify that on _____, a total of _____ boxes
(Date)

of records were released to _____
(Driver's Name)

for delivery to building number _____ for further processing, handling, storage, copying and/or destruction.

The boxes will be rejected and returned if they are labeled improperly, split, or torn. Also, the records must be contained in the appropriate box-type and color as specified below.

School Student Records To Be RETAINED: SPECIFIED BROWN BOXES with BLUE LABEL Affixed

Senior High School Box Count for <u>Graduate</u> Records*		Senior High, Middle & Elementary School Box Count for <u>Withdrawal</u> Records*	
Date(s) of Records by Graduate Year	Number of Boxes	Inclusive Date(s) of Records	Number of Boxes
_____	_____	_____	_____
_____	_____		
_____	_____		

*All Folders in This Movement Order **Must Be Merged** in Alpha Order Regardless of Year Withdrawn!

*Folders **Must Be Boxed** in Alpha Order by Year!

School or Departmental Records To Be RETAINED: SPECIFIED WHITE BOXES with WHITE LABEL Affixed

Inclusive Date(s) of Records	Type of Record(s) Contained in Box(es) (As Listed/Titled in the State General Records Schedule GS7 or GS1-L)	Box Count
_____	_____	_____
_____	_____	_____
_____	_____	_____

Records for Immediate DESTRUCTION: NON-SPECIFIED BOXES with YELLOW LABEL Affixed

Inclusive Date(s) of Records	Type of Record(s) Contained in Box(es) (As Listed in the State General Records Schedule GS7 or GS1-L)	Box Count	Status Code(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Status Codes: "A" = RETENTION SATISFIED "B" = DUPLICATES "C" = OSA "D" = NO RETENTION REQUIREMENT

School Name & Number or Department Name & R/C Number _____ Driver's Signature _____ Date _____

Principal's/Administrator's or Designee's Signature _____ Date _____ Receiver's Signature _____ Date _____

Date of Destruction: _____ Method: RECYCLE SHRED INCINERATE LANDFILL