

REQUEST FOR RECORDS RETENTION SCHEDULE CHANGES
PLEASE SUBMIT FORM TO
MONTGOMERY COLLEGE - RECORDS MANAGEMENT
Central Services, 9221 Corporate Blvd., Rockville, MD 20850
records@montgomerycollege.edu

Name: _____

Date: _____

Unit Name: _____

Phone Ext: _____

Please check and fill out the appropriate section(s) of this form.

Please add the following record series to our unit's retention schedule:

Records Title: _____

Medium: _____

Location of records: _____

Office Retention Period: _____

Off Site Storage Retention Period: _____

Please describe the records:

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Please delete the following record series from the unit's retention schedule:

Record Title: _____

Reason for Deletion:

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Please change an existing record series on the unit's retention schedule to read as follows:

Records Title: _____

Office Retention Period: _____

Offsite Storage Retention Period: _____

Description of the records:

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Reason for this change:

Unit Director's Signature

Date

Records Management

Date