



RECORD SERIES INVENTORY FORM

| | | |
|--|---|--------------------------------------|
| Record Group | Agency | Division |
| Contact Person | | Telephone Number |
| | | Email |
| Mailing Address: | | |
| ACTION REQUESTED: | | |
| Current Record Series Number | Current Record Series Title | |
| New Record Series Number | New Record Series Title | |
| <p>Description of Records: Why does the agency keep these records? What program(s) do these records support? How are the records used, and by whom? What might be found in a typical file? <i>(Please include samples with the inventory form, and black out any personal information, if this raises confidentiality concerns. Also, please spell out any acronyms.)</i></p> | | |
| <p>Frequency of Use: At what point does each file become "closed" as far as your business needs are concerned and how often do these files need to be accessed after closure?</p> | | |
| <p>Arrangement: Alphabetically by: _____ Numerically by: _____ Other: _____</p> | | |
| Value of Records: | Administrative | Fiscal |
| | Historical | Legal |
| These records are retained by: | Calendar Year (01/01 to 12/31) | State Fiscal Year (07/01 to 06/30) |
| | | Federal Fiscal Year (10/01 to 09/30) |
| Media Type: | Paper | Microfilm |
| | Microfiche | Audio Tape |
| | Digital File | CD |
| | Photograph | DVD/Video |
| | Other _____ | |
| Are these records vital? <i>(Vital records are records that are fundamental to an agency's ability to function)</i> | Yes | No |
| Can the same information be found within any other records or agencies? <i>(If yes, please explain)</i> | | |
| Are the records confidential? | Yes | No |
| | If yes, which statutes or regulations apply? | |
| What statutes, laws, regulations, or research information did you use to determine your retention periods? | | |
| What are the retention times you are recommending for your agency, the Records Center, and what is the final disposition (destroy or archival)? | | |
| In Your Agency | In the State Records Center <i>(Inactive)</i> | Archives or Destroy |
| | | |
| Comments: | | |
| Signature of Agency Records Officer or Agency Head | | Date |