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| **DEPARTMENT:** | | | | **NAME of RECORDS COORDINATOR** | | **PHONE NUMBER** | | **DATE:** | |
| BOX # | **RECORD SERIES TITLE**  **Description & Function of Records** | **FORMAT**  Electronic  or Paper | DISPOSITION AUTHORIZATION  NUMBER  **(DAN #)**  Found on Retention Schedule | **TRANSFER**  TRANSFER DESTINATION: | DESTRUCTION DATE: | **DESTROY**  DESTRUCTION METHOD  (Shred Truck, In-Office Shred, Etc.) | **INCLUSIVE DATES of RECORDS** | **VOLUME**  1 ft3 per standard box  (# of boxes) | **DATE**  Task completed |
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