

# Records Retention Schedule Change Request

**INSTRUCTIONS:** Use this form to request a change in your existing Records Retention Schedule. Your Departmental Records Coordinator must sign and date this form before Records Management can act on your request. This form can be submitted through campus mail to Records Management mail code 6808 or digitally sign and then submit the form via e-mail with the "Submit by Email" button at the bottom of the form.

Date:

Office / Department:

Records Coordinator:

Contact Phone #

Application Number:

Item Number:

Record Title:

Description: (How you would like the schedule to read.)

Recommendation: (If you require a change in the recommendation please indicate the changes here.)

Justification for Requested Schedule change/s: (examples: Outdated, No longer applies, Change in State/Federal Law)

Your Name:

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Departmental Records Coordinator Signature:

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