

RECORD CENTER CONTROL CARD			Box No. _____ Location No. _____ (For Record Center Use Only)	
Date: _____ Preparation and Routing of Form 1. Prepare separate form for each file series. 2. Send all three copies to Records Center with Container. DO NOT paste form to container 3. Records Center will fill in the location number on all copies and return original to you. 4. All copies must be legible.			Originating Division and Department Name of person to be contacted _____ Telephone No. _____	
Date Covered By Records		Name of File Series	Total Retention Period in Years	Disposition Date
From	To			
*If filed in numerical or alphabetical sequence, give range of numbers or letters		Type of Number of Containers Legal Size: _____ Letter Size: _____ Other: _____		Other Disposition in Lieu of Destruction: Archives: _____ Microfilm: _____

Form RM-1

RETURN TO ORIGINATING DEPARTMENT