

University Of Missouri

RECORDS CENTER BOX CONTENTS

Columbia Kansas City Rolla St. Louis UM System Hospital Ellis Fischel University Physicians

INSTRUCTIONS: Print or type. Place the **white copy in the box on top of the records and retain the yellow copy to attach to the yellow copy of the records transmittal** you receive back from Records Management showing the box location number. Refer to this form when filling out UM 362, Request For Return Of Records From Records Center. Requests should show the FILE NUMBER and FILE DESCRIPTION exactly as shown on this list for speedy retrieval.

| DEPARTMENT NAME | DEPARTMENT CODE | PREPARED BY | DEPARTMENT BOX-NUMBER | |
|-----------------|-----------------|-------------|-----------------------|----------|
| | | | YEAR | SEQUENCE |
| | | | | |

INSTRUCTIONS: Fill in the following information from the yellow copy of the records transmittal you receive back from the Records Center. This information corresponds to transmittal items 4 and 5, 7, 9, and 10 respectively.

| RECORDS RETENTION AUTHORIZATION NUMBER (4 & 5) | RECORDS CENTER LOCATION NUMBER (7) | DISPOSITION YEAR (9) | DISPOSITION METHOD (10) |
|--|------------------------------------|----------------------|---|
| | | | <input type="checkbox"/> Destroy (D) <input type="checkbox"/> Archives (A) <input type="checkbox"/> Microfilm (M) <input type="checkbox"/> Other |

CONTENTS

Brief description of file contents, type of record, folder title, inclusive dates of files, numerical/alphabetical series, etc., to facilitate retrieval of records. List files in the same order they are placed in the box. If a file is removed before the box is sent to the Records Center, mark that file off of the list.

| FILE NUMBER | FILE DESCRIPTION / NAME |
|-------------|-------------------------|
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