

# RECORDS TRANSFER TO DEAD STORAGE

**Purpose:** Use this form to track the chain of custody (transfer, pick-up, release and receipt) of records scheduled for Dead Storage and/or Destruction.

**Instructions:** Records owner completes Request to Transfer and Records Contents sections and signs the release in Records Pickup section. Records transfer person signs for the receipt of records in Records Pickup section. Records owner photocopies signed form and files the copy. The person who completes each succeeding receipt or release of records must sign and date the appropriate Records Receipt or Records Release section.

REQUEST TO TRANSFER RECORDS (Required information for records pickup)	
LOCATION CODE	LOCATION NAME
LOCATION ADDRESS (INCLUDE ZIP CODE)	
ZIP CODE	
TRANSFER PURPOSE	
<input type="checkbox"/> DEAD STORAGE <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> OTHER (explain)	

RECORD CONTENTS			
This information is required if records must be accessed or retrieved for any reason after they have been placed in Dead Storage.			
FROM DATE	TO DATE	CONTENTS	DESTROY DATE

RECORDS PICKUP			
RELEASED BY NAME (print)		RELEASED BY SIGNATURE	DATE
DATE	TIME	LOCATION	
RECEIVED BY NAME		RECEIVED BY SIGNATURE	DATE

RECORDS RECEIPT		
RECEIVED BY NAME (print)	RECEIVED BY SIGNATURE	DATE

RECORDS RELEASE		
RELEASED BY NAME (print)	RELEASED BY SIGNATURE	DATE

RECORDS RECEIPT		
RECEIVED BY NAME (print)	RECEIVED BY SIGNATURE	DATE

RECORDS RELEASE		
RELEASED BY NAME (print)	RELEASED BY SIGNATURE	DATE

RECORDS RECEIPT		
RECEIVED BY NAME (print)	RECEIVED BY SIGNATURE	DATE