Records and Information Management Transmittal Form to Storage

ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD

RECORDS TRANSMITTAL FORM TO STORAGE

TRANSFERRING SCHOOL NAME OR DEPARTMENT	TRANSFER AUTHORIZED BY: (Principal or Supervisor Name)	PHONE # / EMAIL

BOX #	BOX DESCRIPTION (include function, record series, description)	Date Range (From-To)	Destruction Eligibility Date

TOTAL NUMBER OF BOXES:

Date Shipped

Administrative Procedures: RECORDS AND INFORMATION MANAGEMENT ADMINISTRATIVE PROCEDURES A-2012-05-1
RECORDS AND INFORMATION MANAGEMENT POLICY STATEMENT A-2012-05-1
FORM A