



ATTACHMENT #3

BALTIMORE COUNTY PUBLIC SCHOOLS RECORDS TRANSFER FORM

TEMPORARY BOX NUMBER:	PERMANENT BOX NUMBER:
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CONTACT

DIVISION/DEPARTMENT:		OFFICE NAME:	
RECORDS LIAISON:		TELEPHONE NUMBER:	
PERSON COMPLETING FORM:		TELEPHONE NUMBER:	

APPROVALS

TITLE	PRINT NAME	SIGNATURE	DATE
RECORDS LIAISON			
OFFICE HEAD			

DOES YOUR TRANSFER CONTAIN CONFIDENTIAL INFORMATION?

Yes No

If you answered "Yes", then please list the categories of confidential information (e.g., student record, employee record, medical record, etc.)

CATEGORY OF CONFIDENTIAL INFORMATION:

RECORDS LIST/DESCRIPTION

FILE NO.	FILE TITLE/RECORDS CLASS/BRIEF DESCRIPTION	SCHEDULE No.	SERIES No.	INCLUSIVE DATES (YYYY TO YYYY)	DESTROY DATE (MM/YYYY)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Instructions: Use one Records Transfer form per box; place a copy of the form in the front of the box, and attach a copy of the form to the T-Req. for transfer to Logistics for archiving. Maintain a copy of the form for your records.

Revised: 12/07/18