



The Office of Secretary of State

Retention Schedule Request Form

Agency:

Enter the agency name exactly as shown in the Uniform State Code List, if known.

Record Title:

**Retention
Number:**

If you know your agency's next retention number, include it here; otherwise, leave this field blank. Please note: All retention numbers are now comprised of a four-digit agency code (with leading zeros) and a four-digit sequential number (with leading zeros). For example, "0468-0012."

Revises:

If this proposed schedule revises an existing Retention Schedule, put the number of the existing schedule here, followed by a brief explanation of the revision. For example, "1991-003. Increase of retention period by one year." If this is a new schedule, leave this field blank.

Citation:

Enter a legal citation (the OCGA or Federal code section) that specifies the retention period. If no law applies to this retention period enter a citation(s) to national or state standards, similar retention periods, or other applicable reference from which the retention period was derived.

Brief Description: *A brief description of the records to be scheduled.*

Extended Description: *Continue the description of the records here. Do not repeat the text entered in the “Brief description” field. Include a description of what records may be included in the files being scheduled.*

**Proposed
Retention:**

**Retention
Instructions:**

Any instructions related to the retention. For example, “Hold in office for two years and then transfer to the State Archives for permanent retention.”

Is this a Vital (Essential) Record for your agency?: Yes==>

No==>

Other Information: Use this field to provide any other information relevant to the proposed retention schedule and indicate if the record is a Vital (Essential) Record.

Submitted by:

Name –

Email –

Phone –

PRINT ==>

SUBMIT (by email) ==>