

**Appendix D - Transfer of Records Authorization Form**  
 Corporate Records Storage Room – Operations Centre  
 to Records Retention Policy CORP.1-06



Please fill out this form each time you transfer boxes of records into the corporate records storage room.

The records listed below are (inactive and required for either permanent or long term retention or have been identified as archival). If access to these records is required at a future date a request must be made in writing to the Records Coordinator.

Date:	Department:	Number of Boxes:
Prepared by:		

Box #	Classification Codes	Description of Box Contents/ File Name	Destruction Date	Location (RC use only)

The completed form must be retained by the Records Coordinator. A copy of the form may be kept by the department.

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Signature of Department Head	Date:	Date Box(es) Moved:
Records Coordinator	Date:	Initial RC:

The completed form must be retained by the Records Coordinator. A copy of the form may be kept by the department.