

RECORD SERIES DESCRIPTION
 NORTH DAKOTA INFORMATION TECHNOLOGY
 RECORDS MANAGEMENT
 SFN 2042 (6-2019)

Complete one Record Series Description for each record series.
 DO NOT use abbreviations or in-house terminology to describe records.

TYPE OR PRINT NEATLY WITH BLACK INK

Agency Name	
Division Name	Agency-Division Number
Action Required <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Record Control Number (For a change or delete)

Record Series Title

Record Series Description - describe what the record contains. If requesting a change, describe the change. For a deletion, indicate the reason.

Record Series the Original <input type="checkbox"/> No <input type="checkbox"/> Yes	If Not the Original, Explain
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Record Series Confidential/Exempt by Law
 No Yes - Cite Statute:

Record Series Essential to Ongoing Operations in the Event of a Disaster <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:	Eight Copies Required to be Sent to State Library <input type="checkbox"/> No <input type="checkbox"/> Yes
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List any applicable state or federal law, requirement, or policy that applies to the retention of this record. Attach a copy, if possible.

Associated State Form Numbers (SFNs)

Format
 Paper Electronic Other - Other Type: _____ Other Size: _____

Paper Size
 Letter Legal Other - Specify: _____

ELECTRONIC

Storage Location
 Electronic Document Management System External-USB/CD/DVD Local Drive Network Drive
 Other - Specify: _____

File Type
 Audio Database Engineering Drawing Graphic Image Text Video Web Page

File Format(s)

Information Backed Up <input type="checkbox"/> No <input type="checkbox"/> Yes - Frequency: _____	Data Purged From System <input type="checkbox"/> No <input type="checkbox"/> Yes	Data Purge Method <input type="checkbox"/> Batch <input type="checkbox"/> Manual
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RETENTION PERIOD

Administrative Value - Length of Time the Record is Used by the Agency

Prepared By	Telephone Number	Date
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