



RECORD SERIES DESCRIPTION
 INFORMATION TECHNOLOGY DEPARTMENT
 RECORDS MANAGEMENT
 SFN 2042 (12-2017)

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

Action Required <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete		Agency Name
Record Series Title		Division Name Agency-Division Number
Record Series Description - describe what the record contains. If requesting a change, describe the change. For a deletion, indicate the reason.		Record Control Number (For a change or delete)

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 <input type="checkbox"/> No <input type="checkbox"/> Yes - Cite Statute:
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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 <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other - Other Type: _____	Other Size: _____
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Paper Size <input type="checkbox"/> Letter <input type="checkbox"/> Legal <input type="checkbox"/> Other - Specify: _____
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ELECTRONIC

Storage Location <input type="checkbox"/> Electronic Document Management System <input type="checkbox"/> External-USB/CD/DVD <input type="checkbox"/> Local Drive <input type="checkbox"/> Network Drive <input type="checkbox"/> Other - Specify: _____
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File Type <input type="checkbox"/> Audio <input type="checkbox"/> Database <input type="checkbox"/> Engineering Drawing <input type="checkbox"/> Graphic <input type="checkbox"/> Image <input type="checkbox"/> Text <input type="checkbox"/> Video <input type="checkbox"/> 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 - How long is the record used by the agency?

Prepared By	Telephone Number	Date
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