

State of Texas
RECORDS CENTER STORAGE APPROVAL FORM

1. Agency Code	2. Agency/Division/Department	3. Date of Request
----------------	-------------------------------	--------------------

4. Records Series Item Number	5. Agency Item Number	6. Records Series Title
-------------------------------	-----------------------	-------------------------

7. Agency Retention Period	8. State Records Center Retention Period	9. Total Retention Period	10. Vital Record <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------	--	---------------------------	--

11. Record Medium <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Print-Out Type & Size of Medium
--

12. Container Type <input type="checkbox"/> Records Center Box (1 cu ft) <input type="checkbox"/> Card Stock Box (1/2 cu ft) <input type="checkbox"/> Magnetic Media (give dimensions) <input type="checkbox"/> Other (give dimensions)

13. Current Volume (in cubic feet)	14. Inclusive Dates (dates covered by Current Volume)
------------------------------------	---

15. Estimated Annual Volume (in cubic feet)	16. Cubic Feet per Shipment	17. Shipment Schedule (weekly, monthly, quarterly, etc.)
---	-----------------------------	--

18. Pick-Up Location	19. Delivery Location where requested files will be delivered
----------------------	---

20. File Arrangement <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Other (Specify) _____
--

21. Activity Rate _____ References Per _____ Cubic Feet Per <input type="checkbox"/> Month <input type="checkbox"/> Year	22. Refile Rate _____ % of files will be returned to storage
---	---

23. Security <input type="checkbox"/> Open <input type="checkbox"/> Confidential	24. Access Restrictions: Will be determined by the agency retaining legal ownership of the records and access will be controlled by the agency.
---	---

25. Method of Destruction <input type="checkbox"/> Shred <input type="checkbox"/> Bulk Disposal <input type="checkbox"/> Other (Specify) _____

26. Agency Approval Signature _____ Date _____	<input type="checkbox"/> Agency Head <input type="checkbox"/> RMO
---	--

27. Name and Title of Person Completing This Form Print or Type _____ Phone Number _____

STATE RECORDS CENTER USE ONLY

<input type="checkbox"/> RMO Appointed	<input type="checkbox"/> Accepted For Storage
<input type="checkbox"/> Retention Schedule on File	<input type="checkbox"/> Rejected (Give Reason): _____
<input type="checkbox"/> Records Series Included on Agency Retention Schedule	_____
<input type="checkbox"/> Records Series Number Assigned _____	_____
Disposition Action: _____	_____
<input type="checkbox"/> Bulk Disposal	_____
<input type="checkbox"/> Shred	_____
<input type="checkbox"/> Transfer to: _____	_____
<input type="checkbox"/> Other: _____	_____

Analyst Approval _____ Date _____

Manager Approval _____ Date _____

Instructions for Completing Form RMD 106 (Records Storage Approval Form)

1. Enter the 3-digit agency code assigned to your agency by the Comptroller of Public Accounts.
2. Enter the complete name of the agency. Enter division and/or department where record is received or created.
3. Enter today's date.
4. Enter the Records Series Item Number as found in Field 4 on Form RMD 105 (Agency Records Retention Schedule). If a Records Series Item Number has not been assigned, make every attempt to classify the records series using the Recommended Records Retention Schedule (RRRS). For further assistance, refer to the instructions on the back of Form RMD 105, or refer to the Records Management Manual. If you cannot assign a complete number to the records series, then enter the appropriate Category and Section number from the RRRS. If you cannot fit the records series to a Category and Section, then attempt to fit it to a Category only. If this is not possible, then leave blank.
5. Enter the Agency Item Number as found in Field 5 on Form RMD 105 (Agency Records Retention Schedule). NOTE: The record must be listed on your agency retention schedule in order for it to qualify for storage at the State Records Center (SRC).
6. Enter the official Records Series Title as found in Field 6 on Form RMD 105.
7. Enter the length of time the record is scheduled for retention in active use, as found in the Agency column in Field 7 on the RMD 105.
8. Enter the length of time the records series is scheduled for storage at the Records Center. This should be the number of years as found in the Storage column in Field 7 on the RMD 105. If the length of time in active use differs from that listed under the Agency column in Field 7 on the RMD 105, then the length of time in storage will also differ. The length of time in active use plus the length of time in storage must equal the total retention period.
9. Enter the total retention period as found in the Total column in Field 7 on the RMD 105. The retention periods in the Agency column and Storage column must equal the total retention period.
10. Indicate whether the records series is vital. This should have been determined during the records inventory, analysis, and scheduling process and should be indicated in Field 11 on the RMD 105.
11. Indicate the record medium, type, and size (e.g., 8 1/2" X 11" paper, 3 1/2" floppy disks, 22" X 44 " rolled plans, etc.).
12. Indicate the container type. The standard records center box is brown cardboard with a removable lid. It measures approximately 12" wide X 15 deep X 10" high. Storage of records in any other type container must be approved by the Records Center.
13. Indicate the current volume, in cubic feet, that you want to transfer at this time.
14. Enter the beginning and ending dates that this initial group of records covers.
15. Indicate the annual accumulation of this records series, in cubic feet. An easy way to determine this is to take the number of boxes and divide it by the number of years the group covers. This will give you the approximate annual accumulation.
16. Indicate the typical volume, in cubic feet, that you expect to transfer at any one time.
17. Indicate the transfer schedule (how often you will be transferring the particular records series to storage).
18. Enter the location of the boxes (address and room number). If you want the shipping staff to stop by a particular office first before loading the boxes for transfer, then enter the address and room number of this particular office, and the name of the person.
19. Enter the location where requested files will usually be delivered.
20. Indicate the filing system used for this records series.
21. Enter the activity, or reference rate (how often the files are referenced after being transferred to storage).
22. Estimate the percentage of files that will be returned to storage after use.
23. Indicate whether the records series is open or confidential, as determined by the Public Information Act.
24. The agency head or RMO should review each records series being placed into storage and determine the access restrictions, if any, that must be applied to each records series. The agency retaining ownership of the records is responsible for controlling access by agency staff to records in storage.
25. Indicate the method of destruction. If the records are classified as open, they should not require shredding. However, if there is information in the record that could result in a liability to the state if it falls into the wrong hands, special provisions can be made for shredding. If this is the case, written justification for shredding of open records must accompany this approval form.
26. The RMO or agency head must sign and date this form before submitting it to the State Records Center.
27. Enter your name, title and phone number.

Submit one copy of this form to the Texas State Library through INTERAGENCY MAIL to STATE AND LOCAL RECORDS MANAGEMENT DIVISION 1201 Brazos Street, Austin TX 78701. Additional information or assistance can be obtained by calling the State Records Center at 512-421-7200.