

Records Management Department
 CEET Building Room 263
 541885-1105

1. Department:	2. Department Accession Code:	
3. Prepared by:	4. Phone Number:	
5. Record Pickup Location (Building and Room):		
6. Are these Records Confidential? Yes or No	7. Are These Records Permanent? Yes or No	
8. OAR Series Number Example: 66475-0000) (02) (This is a must. Will not accept if the number is not on the form)	9. OAR Title: Example: Administration Records (This is a must. Will not accept if the information is not on the form)	
10. Retention Years per OAR	11. Expected Destruction Date(s):	How many boxes?

After accurately and completely filling out this form, please EMail the form to [Records Management](#)