

**Ithaca City School District**  
**Records Transfer Request**

**\*\*Attach to every box!\*\***

Requesting Department \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**Storage Box Information**

Please check category/categories that best describe the contents

<u>Contents</u>	<u>Date Range</u>
<input type="checkbox"/> student folders	_____ - _____
<input type="checkbox"/> general correspondence	_____ - _____
<input type="checkbox"/> state aid	_____ - _____
<input type="checkbox"/> bank statements	_____ - _____
<input type="checkbox"/> time sheets	_____ - _____
<input type="checkbox"/> attendance records	_____ - _____
<input type="checkbox"/> student activities	_____ - _____
<input type="checkbox"/> fiscal records	_____ - _____
<input type="checkbox"/> duplicate copies of _____	_____ - _____
<input type="checkbox"/> other _____	_____ - _____

**Transfer and Storage Status** (to be completed by Records Management Staff)

Date transfer requested \_\_\_\_\_

Date picked up and transferred \_\_\_\_\_

Transferred by \_\_\_\_\_

  

**Storage Location**

Room # \_\_\_\_\_ category section \_\_\_\_\_

Row # \_\_\_\_\_ shelf \_\_\_\_\_

Please scan request to [palexand@icsd.k12.ny.us](mailto:palexand@icsd.k12.ny.us) Questions, call 274-2213