

Archive Storage Label

(Place on front of box)

Box No ____ of ____

Contents: _____

School/Dept. _____

Document Scanned: Yes _____ No _____

Fiscal Year

Record/Documents

Class 1 - Permanent

Class 2 - Optional %

Class 3 - Disposable

Storage Date: _____

Date of Destruction: _____ Contact Name/Ext. _____

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Archive Storage Label

(Place on rear of box)

Box No ____ of ____

Contents: _____

School/Dept. _____

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Fiscal Year

Record/Documents

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