

SUNY Plattsburgh

Records Management

STATE UNIVERSITY OF NEW YORK  
**PLATTSBURGH**

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contents: \_\_\_\_\_

\_\_\_\_\_

Date of Destruction: \_\_\_\_\_

Instructions: This form should be adhered to the short end of each record box to be stored in inactive record room. Records will be retained until the retention time frame listed. Boxes will not be accepted without a label. For questions, please contact the campus Internal Control Coordinator at 518-564-2539 or rmarc005@plattsburgh.edu.

1/31/23

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