

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

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