

CENTRAL NEW MEXICO COMMUNITY COLLEGE

CNM RECORDS CENTER

STORAGE TICKET CNM-RC

S T O R E D B Y	1. DATE / /	L O C A T I O N	LOCATION CODE	
	2. DEPARTMENT			
	3. AUTHORIZED PERSON'S NAME			
	4. AUTHORIZED PERSON'S TITLE			
	5. AUTHORIZED SIGNATURE X		9. DESTRUCTION DATE	PERMANENT BOX NUMBER
6. RECORD DESCRIPTION		7. INCLUSIVE DATE(S)	8. RETENTION SCHEDULE	

RECORDS SPECIALIST
SIGNATURE _____

DATE / /

PLEASE DO NOT COMPLETE THE FOLLOWING:

LOCATION CODE

DESTRUCTION DATE

PERM BOX NUMBER

RETENTION SCHEDULE