



**The University of Scranton
Diversified Information Technologies, Inc.
Records Storage Log Form**

Department & Code (Budget):	Date:
Requestor's Name:	Telephone: (570) 941-
Building/Room #:	Fax: (570) 941-

Item #	DIT Bar Code Label #	FROM Date Range	TO Date Range	Description of Contents (up to 40 characters)	Retention Date	New Add or Refile?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

INDIVIDUAL FILE LISTING: *If you would like DIT to maintain a complete list of all individual files in its database, please attach to this form a list of files included in this container. (DIT charges an extra fee for this service)*

CHECK HERE _____

Total Containers This Page: _____

Requestor's Signature: _____

Uof S Delivery Service's Signature: _____

DIT Signature: _____

The completed form must be faxed to Mailing Services at 941-4201 prior to pickup. A separate copy must also be included as a packing slip for Delivery Service pickup.