# Employee Information (Individual Completing Certificate)

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| **Name (Printed)**:  | **Phone Extension**:  |
| **Email Address:**  | **Room Number**:  |
| **Department/Division:**  |  |

# Record Inventory To TRANSFER

**\* Please attach an itemized listing of records to be transferred when submitting this Certificate. Exclusion could delay processing.**

| **Records Description** | **Record Series Code**(from the NEOMED Records Retention Schedule) | **Begin Year** | **End Year** | **Number of Folders, Boxes or Items\*** |
| --- | --- | --- | --- | --- |
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# Verification and Sign-Off

**Department Head/Lead**: Please verify and check below, as appropriate, to certify that the Records Inventory listed meets the following requirements before signing. (Check “N/A” if not applicable)

**Yes No N/A**

[ ]  [ ]  **All records are no longer active.**

[ ]  [ ]  [ ]  **All records do not contain Private and/or Restricted University Data**

**(e.g., personal financial information or non-public PII).**

*(If answering ‘No’, the receptacles being transferred containing Private/Restricted University Data must be clearly labeled as such*)

|  |  |
| --- | --- |
| **Department Head/Lead Name (Printed):**  | **Department Head/Lead Signature:**  |
| **Position Title:**  | **Date:**  |

Upon completion of this Certificate, please provide a signed copy to the Employee listed above to be used for transfer. The Department Head/Lead will retain the signed original.