



Transfer of Custody for Reference Materials Only

ROUTING	RMR, MSC 3FSA
	OR
	Boxes to F.A.T.E.
	rmroffice@nmsu.edu Phone 646-8324 Fax 646-1994

This form is for the transmittal of Reference Materials 1.21.2.115 from an NMSU department to the FSA-RMR Office. Submit **separate forms** for Confidential and Non-Confidential records. Send or deliver Reference Material records with completed forms to FSA-RMR Office, MSC 3FSA, or to the F.A.T.E. Warehouse on advertised delivery days.

Note: Boxes of records must be delivered to F.A.T.E. warehouse on advertised delivery days.

SECTION 1: REQUESTOR INFORMATION

Requestor: _____ Department Transferring Documents: _____

Email Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Total Number of Boxes: _____ Dates of Records: _____ - _____
(mm/yyyy) (mm/yyyy)

Use the check boxes to indicate which records you are submitting.

Confidential Records

Academic

- Grade Distribution File
- Student Locator File
- Student Ranking File

Financial

- Deposits
- Reimbursement Requests
- Telephone Bills File
(with signatures or personal identifiable information)
- Time Sheets
- Travel Advances

Non-Confidential Records

Academic

- Class Schedules File
- Course Listings File

Financial

- Deposits
- Invoices File
- Journal Vouchers Files
- Labor Redistribution Forms File
- Purchase Orders File
- Telephone Bills File

Office Operations

- Conferences/Workshops
Attended File
- Office Management Files
(routine files, convenience copies
of memos, reports, and general
office information)
- Work Orders File (requestor)

SECTION 3: APPROVAL

I certify the noted records are no longer required for reference by my organization. I understand once transferred to the RMR office, they will not be available for viewing or retrieval. RMR will be processing the reference material records for Disposition and Destruction. Legal and physical custody is being transferred to RMR.

Requestor Name: _____ Signature: _____ Date: _____

Department Authority/
Record Custodian Name: _____ Signature: _____ Date: _____

SECTION 4: FSA-RMR DEPARTMENT USE ONLY

Box #: _____ through : _____ Request ID#: _____