



Records Retention Schedule Departmental Records Amendment

This form is used to provide updates for the recertification of the UTA Records Retention Schedule or to report amendments needed during the three-year recertification cycle. Please forward completed forms to the Records Management Officer.

Date: _____ Department: _____

Department Records Management Coordinator: _____ Phone: _____

ACTION (Check all that apply)

Recertification Input Amendment New Record Series Deleted Records Series

Request for change in retention period Other: _____

NEW OR CHANGED RECORDS INFORMATION

Record Series Title: _____ Record Series # (Put N/A if new): _____

If NEW Record Series, please provide description: _____

If NEW series OR the location has changed, please give location (Bldg., Room/Office): _____

If requesting to amend the retention period, state desired retention period: _____

WORKFLOW (Please complete this section only if this information has changed or if the records series is new.)

The records are accessed _____ times per month _____ times per year. This department creates the record: Yes No

This department receives the records from: _____

This department sends the records to: _____

This section to be completed by the Records Management Officer

Date: _____ Initials: _____

You may be entitled to know what information UTA collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System Administration UTS 139. The law is found in Sections 552.021, 552.023, and 559.004 of the Texas Government Code.