BLOOMSBURG UNIVERSITY
Bloomsburg, Pennsylvania
RECORDS INVENTORY FORM

Cost Code:_____
Series #_____

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1. LOCATION Building_____ Room_____
Department_____

2. CONTACT IN DEPARTMENT _____ Extension_____

3. RECORD Name of Series_____
_____Active _____In-Active Period Covered_____
_____# of Files in Series _____Active _____In-Active _____#of File Drawers
Description of use:_____
_____
_____
Purpose for creation/maintenance of this record:_____
_____
_____
Is record duplicated in whole or in part elsewhere in the University?
If yes, where:_____
_____Record Copy _____Information Copy
_____Possible Vital Record _____Historical Record
Record Copy maintained by:_____
(A) Series is:
____Original
____Copy
(B) Medium is:
____Paper
____Mainframe Computer
____Stand Alone PC
____Microfilm
____Film/Videotape
____Other (specify)_____

Filing Method:
Alphabetical by ____
Numerical by ____
By date ____
Other ____
Cubic Foot ____
Linear Inch ____

4. RETENTION Current Retention: ____ In Department ____ Archives
Department Recommendation:_____
State Regulations:_____
Federal Regulations:_____
Other Requirements:_____
If the University would have a vital records protection program, should this be protected?
____ Yes ____ No

5. REMARKS _____
_____

6. INVENTORIED BY _____ DATE _____