|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| hcdestaronlyx-rgb-XL | | **HARRIS COUNTY DEPARTMENT OF EDUCATION**  **RECORDS MANAGEMENT SERVICES COOPERATIVE**  **NEW BOX TRANSFER FORM**  **HCDE WORK ORDER NUMBER ######** | | |
| **CLIENT NAME:**  *(DISTRICT)* | **GALVESTON COLLEGE**  (4015 Ave. Q, Galveston, TX 77550) | | **DEPARTMENT NAME:**  *(Dept., Room#, Your Name, email, phone)* | **Dept. Name**  **Room#: A-123**; your Name, [name@gc.edu](mailto:name@gc.edu); Phone#: 409-944-#### |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HCDE**  **Barcode** | **Client Box**  **No.** | **Range By:**  **Year Date-Alpha-Numeric** | **Contents**  **Record Name** | **Destroy**  **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **WORK ORDER NUMBER** | | **######** | **NUMBER OF BOXES** |  |