|  |  |
| --- | --- |
| 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; 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**  |  |