



### Inventory List – Paper Records

Unit or Department: \_\_\_\_\_

Records Custodian: \_\_\_\_\_

Date: \_\_\_\_\_

Person Completing Inventory: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Building	Room	Storage Type	Brief Title of Records	RDA #	Dates	Volume (cu ft.)	Comments

---Please keep a copy of this form for your records