**Records Retention Schedule Improvement Suggestion Form**

If you would like to suggest a correction or other improvements to a records retention schedule that applies to more than one agency, please complete this form:

|  |  |
| --- | --- |
| **Date Submitted:** |  |

**What records retention schedule do you want to suggest a change to?**

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|  |

**What would you like the new/updated records series to look like?**

|  |  |  |  |
| --- | --- | --- | --- |
| **DISPOSITION AUTHORITY NUMBER (DAN)***(for existing series)* | **DESCRIPTION OF RECORDS** | **RETENTION AND DISPOSITION ACTION** | **DESIGNATION** |
|  |  |  |  |

**Why is this change needed?** *(Include any relevant statutes if applicable)*

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|  |

**Who can the Archives contact for more information about this suggestion?**

|  |  |
| --- | --- |
| Name: |  |
| Position/Title: |  |
| Agency/Organization: |  |
| Phone: |  |
| Email: |  |