Department of Archives & History
INSTRUCTIONS FOR COMPLETING:
ELECTRONIC RECORDS TRANSMITTAL FORM
(ARM-15)

This form should be used to facilitate the **transfer of permanent electronic records** to the State Archives. This form gives authorization for SCDAH to become the owner of the records, and the records will become part of the South Carolina Electronic Records Archive. Electronic Records for local governments are accepted on an individual basis. Please contact your assigned records analyst for pre-approval to transfer local electronic records. The electronic records **must** accompany the transfer form to the Archives.

Record Group Number: Enter your Record Group Number in this block, if you know it. If you don't, leave the block blank and it will be completed by a SCDAH Records Analyst upon receipt of this form.

Part I:

1. **Agency Name:** Enter the name of the state or local government agency, board, etc. that creates/maintains the records being described.

2. **Division or Office:** Enter the name of the agency division or office that creates the records.

3. **Address:** Enter the address of your agency

4. **Name of Records Officer (RO):** Enter the name of your agency's assigned Records Officer.

5. **Records Officer Telephone Number:** Enter the telephone number of your agency's assigned Records Officer.

6. **Records Officer Email Address:** Enter the contact email address of your agency's assigned Records Officer.

7. **Records Officer Signature:** Obtain the signature of your agency's assigned Records Officer.

8. **Name of Transfer Contact:** If the person responsible for this transfer of records is not the agency's assigned Records Officer, enter their name here.

9. **Telephone Number:** Enter the telephone number of the person responsible for this records transfer if different from RO.

10. **Transfer Contact Email Address:** Enter the contact email address of responsible for this records transfer if different from RO.

11. **Date of Transfer:** Enter the date that this form was completed.

Part II:

12. **Retention Schedule Number:** Enter the schedule number associated with these records.

13. **Retention Schedule Title:** Enter the title associated with these records as it appears on the retention schedule.

14. **Variant Title:** If applicable, enter any other title(s) by which the series is commonly referred to within the office or unit. This may be any previous title or any other informal title which differs from item 13.

    a. **Ex.** Program Status Reports may be referred to in house as Status Reports.

15. **Estimated size of transfer (MB):** Indicate the volume of the record series to be transferred to the Archives in MB.

16. **Inclusive Dates:** Enter the dates covered by the records to be transferred.

17. **Electronic Media Included:** Select all of the forms of media that the records are in. If "other" please indicate the type in the box provided.

18. **Records containing Personally Identifiable Information (PII):** Check "yes" or "no" to indicate if any of the records to be transferred contain PII.

    a. **If yes, what kind?**: Select the type(s) of PII included. If "other" please indicate the type of PII in the box provided.

19. **File Format(s) included:** Select the file format(s) of the records being transferred. If "other" please indicate the format in the box provided.