



Department of Archives & History
REQUEST FOR REVISION OF SCHEDULE FORM
(ARM-16)

<p style="text-align: center;">Return to SCDAH via:</p> <p>Mail: South Carolina Department of Archives Records Management Division 8301 Parklane Road Columbia, SC 29223-4905</p> <p>Phone: 803-896-6128</p> <p>Email: Assigned Records Analyst <i>OR</i> rm@scdah.sc.gov</p>	<p>THIS FORM IS ONLY FOR THE REVISION OF A RECORD SERIES. PLEASE TYPE OR PRINT CLEARLY. COMPLETE ONE FORM FOR EACH RECORD SERIES.</p> <hr/> <p>RECORD GROUP NUMBER:</p>
--	---

Section I. Identification of Program Unit and Contact Person

1. Name of State Agency or Local Government:	2. Name of the Division, Section, or Office:
3. Subdivision:	4. Program Unit:
5. Name of Requestor:	6. Email:
7. Telephone Number:	8. Date:

Section II. Description of Records

<p>9. Record Series Information:</p> <p>Title:</p> <p>Record Series Number:</p>	<p>10. Record Information:</p> <p>(a) Medium of Records:</p> <p>(b) Total Volume of Records: cu. ft / MB</p> <p>(c) Records Produced Annually: cu. ft / MB</p> <p>(d) Location of Records:</p>
<p>11. Revision Requested:</p> <p><input type="checkbox"/> Revise retention description to: <input type="checkbox"/> Revise retention period to:</p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>	
<p>12. Justification for Change:</p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>	
<p>13. Additional Comments:</p> <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>	