

SC Department of Archives & History LOCAL RECORDS APPRAISAL FOR TRANSMITTAL FORM

(ARM-19)

Mail:	Records Management Division 8301 Parklane Rd Columbia, SC 29223-4905					THIS FORM SHOULD BE USED TO INITIATE THE TRANSFER OF PERMANENT LOCAL GOVERNMENT RECORDS TO SCDAH PRIOR TO SUBMITTING A RECORDS TRANSMITTAL FORM. PLEASE COMPLETE ONE FORM PER RETENTION t SCHEDULE.						
Email: rm@scdah.sc.gov <i>OR</i> Assigned Records Analyst Phone: 803-896-6128					Record Group Number:							
			Part I: Age					001.				
					2. Division Name:							
3. Address					4. Name of Requestor:							
5. Requestor Telephone Number:					6. Requestor Email Address:							
7. Requestor Signature:						8. Date:						
			Part II: Re	cord	Info	rmation	n					
9. Retention Schedule Title:					10. Retention Schedule Number:							
1. Retention Period:					12. Inclusive Dates:							
A	rds Arranged: lphabetically ther:	Numerically	Chrono	ologica	ılly	Alph	anumer	ic	Not At	ranged		
14. Reco	rd Value:											
A	dministrative	Legal	Fiscal	Hist	torical	C	Other:					
15. Are 1	these records vital?:	Yes	No 1	6. Are	these r	ecords act	tive or in	nactive?:	Act	ive	Inactive	
17. Reco	rd Format(s) include	d (Please check	all that apply):									
Pap	er Aud	lio/Visual	Microfili	n		Electronic	;	Other	:			
18. Total Volume: Cu. Ft. / MB					9. Total Number of Bound Volumes (if any):							
20. Reco	rds Condition:			1								
Go	ood Fair	Poor	Molded	Di	rty	Torn	Ot	her:				
		Par	rt III: State	Arc	hives	Appro	oval					
21. Transfer of the above schedule is:						22. Records to transfer include:						
☐ Approved Not Approved					☐ All Selection							
23. Rea	ason for Non-App	oroval and/or	Records Se	lectio	n Det	ail:						
24. Nan	ne of Records Man	agement Divis	sion Represen	tative:	25. S	ignature:				26. Da	ate	