



# Department of Archives & History

## INSTRUCTIONS FOR COMPLETING: LOCAL RECORDS APPRAISAL FOR TRANSMITTAL FORM (ARM-19)

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 schedule.

**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 Record Analyst upon receipt of this form.

### Part I

- 1. Name of Agency:** Enter the name of the local government subdivision, (county, municipality, school district, special service district) that creates/maintains the records being described.
- 2. Division Name:** Enter the name of the local government department/office that creates the records.
- 3. Address:** Enter the address of your department/office.
- 4. Name of Requestor:** Enter the name of the person filling out this form.
- 5. Requestor Telephone Number:** Enter the telephone number of the person filling out this form.
- 6. Requestor Email Address:** Enter the email of the person filling out this form.
- 7. Requestor Signature:** Enter the signature of the person completing this form.
  - a.** This can be typed, handwritten, or done through a digital signature.
- 8. Date:** Enter the date that this form was completed.

### Part II

- 9. Retention Schedule Title:** Enter the retention schedule title associated with the records being transferred.
- 10. Retention Schedule Number:** Enter the retention schedule number associated with the records being transferred.
- 11. Retention Period:** Enter the total retention period as it appears on the retention schedule.
- 12. Inclusive Dates:** Enter the inclusive dates of records in the transfer (oldest to most recent).

**13. Records Arranged:** Check the box that best describes the filing arrangement of the records.

- a. If these fields are not applicable, select “other” and use the provided space to specify the arrangement type.

**14. Record Value:** Check the box(es) that best describe(s) the value(s) of these records.

**Administrative:**

Primarily needed to conduct program business only.

**Fiscal:**

Document the receipt, management, and expenditure of public funds and are usually subject to audit.

**Legal:**

Contain information on the legal rights and obligations of government or its citizens, created or maintained to defend those rights or obligations in litigation.

**Historical:**

Document agency authority and mission; records contain information on governmental impact on citizens and state’s resources.

**15. Are the records vital?:** Vital records are records essential to the continuing operation of an organization. These records are necessary for an organization to resume its operations after a major disaster.

**16. Are these records active or inactive?:** Check “inactive” if all records covered under this series are considered inactive, meaning they are referenced less than once a month. Check “active” if the records are referenced more once a month in office.

**17. Record Format(s) included:** Select the format(s) of the records being transferred. If “other” please indicate the format in the box provided.

**18. Total Volume:** Indicate the volume of the portion of the record series to be transferred.

Use Cubic Feet (Cu. Ft.) for physical records, and Megabytes (MB) for electronic.

**19. Total Number of Bound Volumes:** Enter the number of bound volumes, if any.

**20. Records Condition:** Check the basic physical condition of the records to be transferred. If “other” is selected, please use the field provided to specify the condition of the records.

**Skip Part III; this will be completed by staff.**

**Once** SCDAH staff have reviewed your request and completed Part III, the form will be returned to the requestor via email. You can now complete the Records Transmittal Form and Receipt (ARM-14).

- It is recommended you keep a copy of this form for your records.