RECORDS AND INFORMATION MANAGEMENT
Request to Digitize Records
recordsmangement@houstonisd.org   713-556-6055

Customer Name: **Date of Request:**

Contact Person: **Phone Number:**

Record/Project Description:

Justification for this project:

How are the Documents Organized?
☐ FOLDERS   ☐ CAMPUS   ☐ SUBJECT   ☐ BATCH #   ☐ DATE   ☐ OTHER _____

Indexing Criteria – Please list pertinent data fields to be indexed and used to retrieve the record:

1. _____   2._____   3._____

4. _____   5. _____   6. _____

Document Types:
☐ N/A

1. _____   2._____   3._____

4. _____   5. _____   6. _____

OCR: ☐ Yes   ☐ No   **Scan:** ☐ Color   ☐ Black & White   ☐ Grayscale

Preferred Media for Storing Imaged Documents:
☐ AX Digital Image Repository
☐ Microfilm (*Permanent Records only*) – Reduction Ratio: ☐ 24:1 ☐ 40:1

Application Name in AX (Dept Name/Record Group): _____

Retention Schedule #:

Disposition of Records After Digitizing:
☐ Destroyed After Final Quality Assurance Check (*the electronic image will be the official record*)
☐ Return to Department/Customer
☐ Other _____

Department Approval: _____

Approval Date: _____

TO BE COMPLETED BY RECORDS AND INFOMRATION MANAGEMENT

Date Received: _____   Accepted by: _____

Consultation Date: _____