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 INFORMATION MANAGEMENT

Date Received: ________________________     Accepted by:  _____________________________________
Consultation Date: _______________________