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**Completing the Vital Records Survey**

This survey may be completed and emailed to Bobby Zaepfel (zaepferp) or faxed to 568-7916.

Department/MSC: Department and department’s MSC code responsible for maintaining the official copy of the record.

Contact Person: Name, Telephone Number and email address

Record Title: Descriptive title of the records

Function: Describe the function dependent on this vital record

Location: Where is the record(s) stored?

Retention Period: What is the retention period of the record

Record Medium: Please indicate all formats of this record (i.e. paper, electronic, microfilm…)

Survey Conducted By: Please indicate who completed the survey

Date: Please indicate the date the survey was completed