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| State of Montana seal from the Montana Secretary of State | **Montana Secretary of State**  **Records and Information Management**  **RECORD SERIES PROFILE**  **RM 1** | | | | |
| **1. AGENCY CREATING RECORD**  Agency Name:  Program Name:  Program Code:  Item Number of Series: | | | | **2. RECORD SERIES TITLE** | |
| **3. AGENCY CONTACT**  Name: | | | E-mail : | | Phone: |
| **4. SERIES DESCRIPTION**  Type:  Legal  Correspondence  Financial  Forms  Medical  Subject Other-Explain  Format:  Paper  Electronic  Both  Other-Explain  Essential Record:  Yes  No  Content: | | | | | |
| **5. LAWS OR POLICIES GOVERNING RETENTION:** | | | | | |
| **6. RETENTION CYCLE**  Calendar Year  Fiscal Year  **7. RETENTION IN YEARS**  (*Retention starts at End Event)*  Office:  Storage:  Total: | | **8. FINAL DISPOSITION**  Agency Archives  Delete  Image & Destroy  Image & Retain  Incinerate  Microfilm & Destroy  Microfilm & Retain  Offer to Historical Society Archives  Offer to State Library  Shred as Classified  Toss without Restriction  Other: Explain | | | |
| **9. COMMENTS :** | | | | | |
| **10. SIGNATURE OF PREPARER**  **Typed E-Signature and Title:**  **11. Date:** | | | | | |

**Email Completed form to** [**SOSRecords@mt.gov**](mailto:SOSRecords@mt.gov) **along with the RM3 Retention Schedule Form**