

ARM 320 Rev. 02/2019		1. RECORD GROUP NO.		2. SERIES NO.	
<h1 style="text-align: center;">Records Description and Analysis</h1> <p style="text-align: center;">Archives and Records Management Division Department for Libraries & Archives</p>		3. ORIGINATING AGENCY			
		4. ADMINISTRATIVE UNIT			
		5. PHYSICAL CUSTODIAN			
COMPILER		DATE		PHONE NO.	
IDENTIFICATION AND DESCRIPTION					
6. TITLE OF RECORD			7. VARIANT TITLE		
8. RECORD IS <input type="checkbox"/> Original <input type="checkbox"/> Duplicate		9. LOCATIONS OF ALTERNATE COPIES (Original or Duplicate)			
10. INFORMATION SUMMARIZED IN:					
11. MEDIUM					
<input type="checkbox"/> Paper		<input type="checkbox"/> Computer Diskette		<input type="checkbox"/> Photographic Print	
<input type="checkbox"/> Computer Printout		<input type="checkbox"/> Computer Tape		<input type="checkbox"/> Motion Picture	
<input type="checkbox"/> Microform		<input type="checkbox"/> Audio/Video Tape		<input type="checkbox"/> Other (Explain)	
<input type="checkbox"/> Computer Disk		<input type="checkbox"/> Photographic Negative			
12. ARRANGEMENT SORT/SEQUENCE (Alpha, Numeric, Chronological, Random, etc.): Explain in detail.					
13. INDEX/FINDING AIDS					
14. DATE SPAN:		In Agency		State Records Center	
From: To:		From: To:		State Archivists	
15. VOLUME:		In Agency		State Records Center	
From: To:		From: To:		State Archivists	
16. ANNUAL ACCUMULATION: (Cu. Ft.)		17. REFERENCE RATE (Number of times you use each year's accumulation)			
		1 st Year: 2 nd Year:		3-5 Years: More than 5 Years:	
18. FUNCTION AND USE (For what purpose is/was record created? What activity, process or transaction does it document?)					

19 CONTENTS (Documents in this file? Information on this form? Data elements in this computer file, etc.)

20. INPUT RECORDS (What records flow into or provide information to create this record?)

21. OUTPUT RECORDS (What records flow out of the information in this records series?)

22. VITAL RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If Yes, VITAL RETENTION PERIOD
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24. VITAL RECORDS PROTECTION INSTRUCTIONS

25. ACCESS RESTRICTIONS? Yes No If yes, explain restrictions and attach copy of authority (KRS, KAR, CFR, etc.).

26. IS RECORD SUBJECT TO AUDIT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list AUDITING AGENCY (Federal, State, Internal)	27. AUDIT RETENTION REQUIREMENT
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28. LEGAL RETENTION REQUIREMENT? Yes No If Yes, cite statute and length of retention period required.

ANALYSIS

29. APPRAISAL CRITERIA <input type="checkbox"/> Administrative Retention Value <input type="checkbox"/> Legal Retention Value <input type="checkbox"/> Fiscal Retention Value <input type="checkbox"/> Research Retention Value <input type="checkbox"/> Intrinsic Retention Value	Years	30. RATIONALE FOR RETENTION
31. AGENCY RETENTION		

32. DISPOSITION INSTRUCTIONS

33. RECORDS CENTER RETENTION	34. ARCHIVES CENTER RETENTION	35. TOTAL RETENTION
Records Analyst Signature		Date