Georgia Tech Records Management Georgia Tech Records Management Box Label Box Label Accession number: Accession number: Department:_____ Department:____ Record Type(s) or Series: Record Type(s) or Series: Retention Number: _____ Retention Number:_____ Dates: From______ to _____ Dates: From______to____ Filing Order of Contents: Filing Order of Contents: Box Number:_____of____ Box Number: ______of____ Georgia Tech Records Management Georgia Tech Records Management Box Label Box Label Accession number:_____ Accession number:_____ Department:____ Department: Record Type(s) or Series: Record Type(s) or Series: Retention Number: Retention Number: Dates: From_____ to _____ Dates: From______to _____ Filing Order of Contents: Filing Order of Contents: Box Number:____of___ Box Number: _____of____