

**TEMPLATE - RECORDS MANAGEMENT SURVEY FOR  
SCHOOL DISTRICT RECORDS CUSTODIANS**

**PURPOSE OF SURVEY:**

The \_\_\_\_\_ School District has recently created a new Records Management Center to improve the management of district records in compliance with state and federal laws. The Records Management Center will be responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of all records.

As the district's new Records Management Center Officer, I want to work closely with you to improve the processes for managing records, to better understand what records you are responsible for, and what you perceive to be the greatest needs for records management. This will help me develop resources and strategies to better assist you and make your jobs a bit easier. This survey will also help me identify who the records custodians are throughout the district, and help me learn where all department, program, and student records are currently stored.

Your assistance and cooperation is greatly appreciated. I am asking for your help by completing this survey no later than \_\_\_\_\_.

Please contact me at \_\_\_\_\_ if you would like more information or if you have questions.

Thank You,

Records Management Officer: \_\_\_\_\_

**SURVEY FOR PROGRAMS OR DEPARTMENTS:**

1. Name of person completing this survey: \_\_\_\_\_

2. Position Title: \_\_\_\_\_

3. Today's Date: \_\_\_\_\_

4. Office Location: \_\_\_\_\_

5. Phone #: \_\_\_\_\_

6. Name of Program or Department You Represent:

Finance

Payroll

Human Resources

Facilities

Transportation

Warehouse

Nutrition and Food Services

Other Program: \_\_\_\_\_

7. Describe below records that are normally stored in your department or program offices?

8. Describe below any records you have stored or transferred to the district warehouse:

9. Do you have a records storage room or an area separate from your department offices where your department or program records are stored?

YES

a. If yes, where is this area located \_\_\_\_\_

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b. If yes, describe below the records that are stored in this area

NO

10. List below the forms you currently use to manage district records in your department?

- a.
- b.
- c.
- d.

11. Where do you store the completed forms listed above? (check all that apply)

- Office
- Send to the district Records Center
- Warehouse
- Copies are made to store in student records
- Other \_\_\_\_\_

12. What type of assistance do you think should be added or improved that would help you handle records management responsibilities (check all that apply)

- Creating records
- Storing records
- How to secure records so they are accessible only by authorized personnel
- Understanding retention schedules
- Knowing when to dispose of or destroy records
- More storage space for department records
- Additional secure file cabinets or storage units
- Training of staff who create, maintain or handle records
- Additional web resources
- A one-stop resource where all records questions can be answered and assistance provided for all records needs
- Other \_\_\_\_\_

**OTHER COMMENTS:**

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**SURVEY FOR SCHOOLS:**

1. Name of person completing this survey: \_\_\_\_\_

2. Today's Date: \_\_\_\_\_

3. Phone #: \_\_\_\_\_

4. What is your current role or job title:

Principal

Assistant Principal

Office Manager

Registrar

Assistant to the Assistant Principal

Nurse

Counselor/Psychologist

Athletic Director/coach/coaches

Other: \_\_\_\_\_

5. The name of the school where you are located: \_\_\_\_\_

6. List below the student or school records you are responsible for

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7. What is your responsibility? (check all that apply)

Oversee the records (and records custodians)

Create the records

Maintain and secure the records

Control access to records

Provide records upon request

Prepare records for disposition

Cleanse the records

Destroy the records

Other \_\_\_\_\_

8. Describe below the records you currently have stored in your office or office area

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9. Do you have a separate records storage room or area for your office?

YES

a. If yes, where is this area located: \_\_\_\_\_

b. If yes, please list below the records that are stored in this area

NO

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When you dispose of records, where do you send them?

- Records Retention Office
- Warehouse
- Other

10. What assistance would you like to see added or improved (check all that apply)

- Creating records
- Storing records
- How to secure records so they are accessible only by authorized personnel
- Understanding retention schedules
- Knowing when to dispose of or destroy records
- More storage space for department records
- Additional secure file cabinets or storage units
- Training of staff who create, maintain or handle records
- Additional web resources
- A one-stop resource where all records questions can be answered and assistance provided for all records needs
- Other \_\_\_\_\_

**OTHER COMMENTS:**