VITAL RECORDS LODGEMENT FORM



TO: Records Managem	nent				
FROM: (person lodging	ng Vital Record)	Phone	Dept./s	School/Unit	
Official File number (requ	ired)		Related	i File No.	
Title of record (as it appear	ars on the document)				
Type of Vital Record being	g lodged (select one):				
Other					
DOCUMENT DETAILS					
Status (select one)			If existing, the current F	File No.	
Date commenced	Expiry date		Review date (one will be set by Reco	rds Managemen	t if left blank
Does the Vital Record have	a renewal deadline (a	contract renewal	clause, for example)?	Yes	No
If yes, please provide the o	date of the renewal dea	idline			
Security level					
Unclassified	Confidential				
Was the USP seal applied	to the Vital Record?				
Yes	No				

CONTACTS and SIGNATORIES

USP CONTACTS		
USP responsible officer (i.e. the staff member responsible fo	r managing the business activ	rity that the Vital Record relates to)
Name	Position	Dept./School/Unit
USP signatory (where applicable) Name	Position	Dept./School/Unit
EXTERNAL CONTACTS (where	applicable)	
Details for multiple external contac Primary external contact	ts can be added in the Note	s/Comment section
Name	Organisation	Phone
Email	Address	
External signatory		
Name	Organisation	
Notes/Comments		
The completed form should be emaile original Vital Record when lodging wi		Please print the first page and attach it to the aka
Records Management use		
Received by:	Date:	
Reviewed and actioned in RM:		
File No. :	Folder No.:	Location: