



Vermont State Archives and Records Administration

Office of the Secretary of State

1078 US RTE 2, Middlesex • Montpelier, VT 05633-7701 • Tel: (802) 828-3700 • Fax: (802) 828-3710 • www.vermont-archives.org

REVIEW REQUEST FOR RE-FILING OR INTERFILING RECORDS

This form is for requesting a review to re-file or interfile records at the State Records Center. **All interfiles require a review request, but only some re-files must be reviewed.** Please see *VSARA0011: Re-filing and Interfiling Records at the State Records Center* before completing this form to determine in a review is necessary. **If a review is necessary, do not send any files without first requesting a review AND receiving an *Authorization to Re-File or Interfile* from VSARA.**

Date of Request: _____

Type of Request: Re-file Interfile

Print Name of Records Officer or Records Liaison

Agency or Department

Hand Signature / Date Not Required if form is e-mailed (see below)

Signature of Records Officer or Records Liaison

Date Signed

Please describe the records you would like to have re-filed or interfiled. For interfiles, please explain why the interfile(s) are necessary. You should use this form for multiple re-files or interfiles if they will be transferred at the same time. At a minimum, please include the series numbers for the boxes into which these records would be re-filed or interfiled if authorized. Please verify retention requirements before completing this form. Any records that have met their retention requirements, including transitory records, can be destroyed and are not eligible for re-filing or interfiling.

For RE-FILES, please check all that apply:

- These files do not have their original request slips to facilitate re-filing.
- These files have been checked out for longer than 12 months after their original request dates.
- These files have additional records that were not originally in the file at the time of the original request.
- The volume of re-files or interfiles exceeds two boxes.
- Other (*please describe*): _____

Please send all completed forms to the address above (Attn.: State Records Center Supervisor) or send by e-mail to recordscenter@sec.state.vt.us. Forms submitted by e-mail must be sent directly from the records officer or liaison.

VSARA STAFF USE ONLY

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|---|--|---|
| Records Analyst: | Agency Already in TAP? <input type="checkbox"/> Y <input type="checkbox"/> N | If No, Require TAP? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Approved? <input type="checkbox"/> Y <input type="checkbox"/> N | If Yes, Date Approved: | |
| If No, Explain: | | |