Georgia Tech Records Management Box Label Georgia Tech Records Management 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___