

Harvard Depository Customer Account Contract: Medical Area Plan

Countway Library of Medicine
Archives and Records
Management Program
617.432.6194
ARM@hms.harvard.edu

HD Barcode Prefix: _____
(Archives use)

Date: _____

ARM Office Number: _____
(Archives use)

OFFICE INFORMATION

Office Name: _____

Parent Department: _____ Unit (HMS, HSDM, HSPH): _____

Mailing Address: _____

Telephone: _____ FAX Number: _____

Billing Code: _____ -8160- _____

This contract authorizes the creation of a Records Center Storage Account for use by the office named above. All transactions requiring payment will be charged on the billing code provided. By opening an account, the office or department agrees to follow University policies for the retention and disposition of records set out in the University's General Records Schedule or in a records schedule issued by Records Management Services specifically for the office or department. This includes the destruction of records at the end of their retention period unless there is a legal hold or equally compelling reason to retain the records beyond their stated retention period, and the transfer of eligible records to the appropriate archives.

Name of Head of Office/Department Opening Account: _____

Signature of Head of Office/Department: _____

COURIER PICKUP AND DELIVERY INFORMATION

Pickup/Delivery Address: _____

Building and Room Number/Floor: _____

Telephone: _____

Parking Information and Directions to Office:

Special Instructions:

AUTHORIZED USERS

Please provide information for individuals who will be authorized to order retrievals, refills, supplies, account inventories and other reports, including the Head of Office/Department and one primary contact. Additional privileges/responsibilities are listed below. Authorization should be limited to individuals who require regular access to materials.

Head of Department:

(Authorizes changes to authorized users on the account, approves destruction of records, authorizes transfer of records to the archives)

Name (*please print*): _____

Position/Job Title: _____

Address (please include Office/Room #): _____

Telephone: _____ E-mail: _____

Signature: _____

Primary Contact:

(Receives regular correspondence from Archives and Records Management Program, receives monthly billing reports)

Name (*please print*): _____

Position/Job Title: _____

Address (please include Office/Room #): _____

Telephone: _____ E-mail: _____

Signature: _____

Authorized User:

(May act as alternate contact when head of department/primary contact cannot be reached, needs frequent access to records, authorizes new transfers to storage account)

Name (*please print*): _____

Position/Job Title: _____

Address (please include Office/Room #): _____

Telephone: _____ E-mail: _____

Signature: _____

Any changes to the authorized individuals must be approved by the office/department head and submitted in writing to the Archives and Records Management Program. The Records Management Officer of Harvard University will be authorized to make emergency- and security-related retrievals.

Account Password: _____

*For additional security, please provide a password that can be used to confirm authorization for account activity.

Please scan the signed contract and email it to Archives and Records Management Program at
ARM@hms.harvard.edu.