
Dept./School Name and Address:		Number of Boxes: _____ of _____	
Description of Records/Series/Sequence:		Academic School Year of Records:	
Date Prepared:	Received by:		Date Received:

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GRADUATION YEAR	LABEL COLOR	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018
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