STATE OF LOUISIANA
SECRETARY OF STATE
DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY

APPLICATION FOR EXPEDITED PROCESS FOR REQUESTS FOR AUTHORITY TO DISPOSE OF RECORDS
SS ARC 930e (R 1/12)

FOR ARCHIVES USE ONLY
Application Received: _____

Imaging Exception Request No. _____

Exception Expiration date: _____

Imaging Survey On File: [ ] Yes [ ] No

Retention Schedule On File: [ ] Yes [ ] No

Decision: _____

Date Retuned to Agency: _____

TO: SECRETARY OF STATE
DIVISION OF ARCHIVES,
RECORDS MANAGEMENT AND HISTORY
P.O. BOX 94125, Capitol Station
Baton Rouge, Louisiana 70804-9125

FROM:

_____
1. STATE OR LOCAL AGENCY

_____
2. ADDRESS

_____
3. NAME OF PERSON WITH WHOM TO CONFER 4. TELEPHONE NUMBER WITH AREA CODE

_____ _____ _____
DATE SIGNED SIGNATURE OF REPRESENTATIVE TITLE

5. Certificate of Agency Representative:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records and that our agency will be transmitting disposal requests via email in the future for records that have either 1) been converted in accordance with our imaging exception policy, 2) imaging survey or document conversion process for archival preservation or 3) have a total retention of less than 30 days. I understand that this application is good for the life of the exception approved or until our approved retention schedule lapses according to State Archives rules.

The records described in these requests proposed for disposal will be for the reason indicated:

B1. ___ Records have been converted to Digital Images. B.3 ___ Records have total retention under 30 days.

B2. ___ Records have been converted to Microfilm.

Approved by:

_____ _____ _____
DATE STATE ARCHIVES RECORDS MANAGEMENT REPRESENTATIVE TITLE

Declined by:

_____ _____ _____
DATE STATE ARCHIVES RECORDS MANAGEMENT REPRESENTATIVE TITLE

Comments: