

SSARC-930 (11/2023)

Date Signed

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS

Archives Use Only				
Disposal Request: □ Approved □ Rejected		Received:		
Comments:		Processed:		
		Returned to Agency:		
Archives:	Records Manag	ement: 🗆 Yes 🛛 No 🛛 Initials:		
Disposal Method: Records that contain information considered <u>confidential</u> in nature, such as records that contain personally identifiable information, payment card information or protected health information should be destroyed by <u>shredding or incineration</u> . These records should be marked as either a "C" or "M" under the security code of the agency's retention schedule.				
Agency Contact Information				
Agency Name / Department / Section:				
Address:				
Name of Records Officer:				
Phone:	Email:			

Please note you may not dispose of any records that are subject to legal holds, election challenges, or audit, even if the records have met their retention requirements.

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 the records described in this list are proposed for disposal for the reason indicated (choose <u>ONLY</u> one):

A. The records have ceased to have sufficient value to warrant further retention.

- B. □The records have ceased to have sufficient value to retain them after they were converted to □ Microfilm □ Digital Images.
- C. The records stored in the State Records Center have met their retention and are eligible for destruction.

Signature of Agency Records Officer

Description of Records as They Appear on Records Retention Schedule (Attach spreadsheet if more space is needed)				
Inclusive Dates	Page No.	Item No.	Records Series Title	