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. PHONE NUMBER WITH AREA CODE  
5. EMAIL ADDRESS  

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 been converted in accordance with our imaging exception policy, imaging survey or document conversion process for archival preservation. The records described in these requests proposed for disposal will be for the reason indicated:  

B1. ___ Records have been converted to Digital Images.  
B2. ___ Records have been converted to Microfilm.  
B3. ___ Records have met their retention (< 30 days).  
B4. ___ Records have met their retention (< 3 years). 

Approved by:  

DATE  
STATE ARCHIVES RECORDS MANAGEMENT REPRESENTATIVE  
TITLE  

Declined by:  

DATE  
STATE ARCHIVES RECORDS MANAGEMENT REPRESENTATIVE  
TITLE  

Comments:  

FOR ARCHIVES USE ONLY  
Application Received:  
Imaging Exception Request No.  
Exception Expiration date:  
Imaging Survey/Schedule on File:  [ ] Yes [ ] No  
Decision:  
Date Returned to Agency:  

APPLICATION FOR  
EXPEDITED PROCESS FOR  
REQUESTS FOR AUTHORITY  
TO DISPOSE OF RECORDS  
SS ARC 930e (R 6/2018)