

SSARC-930e (09/2020)

APPLICATION FOR EXPEDITED PROCESS FOR REQUESTS FOR AUTHORITY TO DISPOSE OF RECORDS

Archives Use Only	
Electronic Records Survey No.:	Application Received:
Electronic Records Survey Expiration Date:	Decision: ☐ Yes ☐ No
Approved Retention Schedule: ☐ Yes ☐ No	Date Returned to Agency:
Agency Contact Information	
Agency / Division / Section:	
Address:	
Name of Records Officer:	
Phone:	Email:
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 Electronic Records Survey or document conversion process for archival preservation. The records described in these requests proposed for disposal will be for the reason(s) indicated: Records have been converted to Digital Images Records have been converted to Microfilm Records have a retention period of < 30 days. Records have a retention period of < 3 years.	
Signature of Agency Records Officer APPROVED BY LOUISIANA STATE ARCHIVES	Date Signed S:
Signature of Records Management Represent	tative Date Signed