

STATE EDUCATION DEPARTMENT
 NEW YORK STATE ARCHIVES
RECORDS DISPOSITION REQUEST
 REC-3

INSTRUCTIONS: Complete one form for each program unit. Complete items 1 through 8. Attach REC-4 and REC-5 and send request to:

New York State Archives
 Records Service Development
 Room 9A34 Cultural Education Center
 Albany, New York 12230

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| SECTION A | IDENTIFICATION OF PROGRAM UNIT AND CONTACT PERSON |
| 1. Agency | 2. Major Division |
| 3. Subdivision | 4. Program Unit |
| 5. Agency Records Officer (name & telephone) | |
| SECTION B | PROGRAM UNIT MISSION AND FUNCTION |
| 6. DESCRIBE PROGRAM UNIT MISSION AND FUNCTION | |
| SECTION C | ACTION REQUESTED |
| 7. AUTHORIZATION IS REQUESTED TO: | |
| <input type="checkbox"/> ESTABLISH SCHEDULE <input type="checkbox"/> ADD ITEMS TO EXISTING SCHEDULE <input type="checkbox"/> REVISE DISPOSITION AUTHORIZATION NUMBERS: __ <input type="checkbox"/> OTHER (SPECIFY): __ | |
| 8. AGENCY RECORDS OFFICER | |
| SIGNATURE | DATE |
| SECTION D | SUMMARY OF ACTION TAKEN (State Archives use only) |
| | |
| SECTION E | AUTHORIZING SIGNATURE |

The action in Section D is authorized by the Commissioner of Education pursuant to Sect. 57.05 of the Arts and Cultural Affairs Law

BY: _____
 (Signature) DIRECTOR, NEW YORK STATE ARCHIVES DATE _____