INSTRUCTIONS: Complete one form for each records series where a new/revised records disposition authorization is requested.

1. AGENCY

2. PROGRAM UNIT

3. RECORDS SERIES TITLE

4. DESCRIPTION OF RECORDS SERIES

5. BEGINNING DATE (year only)

6. ENDING DATE (year only; if series is ongoing, use “Current”)

7. VOLUME OF EXISTING RECORDS BY RECORD TYPE

   PAPER RECORDS: _______ CU. FT.

   COMPUTER READABLE: _______ ITEMS

   MICROFICHE: _______ ITEMS

   AUDIO-VISUAL: _______ ITEMS

   MICROFILM: _______ ROLLS

   OTHER (specify type and volume):

8. ESTIMATED ANNUAL GROWTH (paper records only): _______ CU. FT.

9. FILES MANAGEMENT ACTION, IF ANY (i.e., action to separate inactive records from active records or to implement final disposition)

10. EVENT THAT COMMENCES RETENTION PERIOD (e.g., case closure, end of calendar year, etc.)

11. PROPOSED RETENTION PERIOD AFTER EVENT (i.e., period of time after event in item #10)

   _____ RETAIN IN AGENCY FOR _____ YEARS _____ MONTHS

   _____ RETAIN IN STATE RECORDS CENTER FOR _____ YEARS _____ MONTHS

   _____ REFORMAT (i.e., how & when records transferred to microfilm, digital images or other media):

   _____ OTHER (i.e., non-time-based retention period):

12. FINAL DISPOSITION

   _____ DESTROY

   _____ TRANSFER TO STATE ARCHIVES

   _____ OTHER (specify):

13. REASONS FOR PROPOSED RETENTION AND DISPOSITION

14. MODIFICATION TO EXISTING RETENTION AND DISPOSITION AUTHORIZATION