

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

<b>SECTION A</b>	<b>IDENTIFICATION OF PROGRAM UNIT AND CONTACT PERSON</b>
1. <b>Agency</b>	2. <b>Major Division</b>
3. <b>Subdivision</b>	4. <b>Program Unit</b>
5. <b>Agency Records Officer (name &amp; telephone)</b>	
<b>SECTION B</b>	<b>PROGRAM UNIT MISSION AND FUNCTION</b>
6. <b>DESCRIBE PROGRAM UNIT MISSION AND FUNCTION</b>	
<b>SECTION C</b>	<b>ACTION REQUESTED</b>
7. <b>AUTHORIZATION IS REQUESTED TO:</b>	
<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. <b>AGENCY RECORDS OFFICER</b>	
<b>SIGNATURE</b>	<b>DATE</b>
<b>SECTION D</b>	<b>SUMMARY OF ACTION TAKEN (State Archives use only)</b>
<b>SECTION E</b>	<b>AUTHORIZING SIGNATURE</b>

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 \_\_\_\_\_