

STATE EDUCATION DEPARTMENT  
 NEW YORK STATE ARCHIVES  
 RECORDS SERIES DESCRIPTION  
 REC-5

<b>AGENCY NUMBER (8 character limit)</b>	<b>DISPOSITION AUTHORIZATION NUMBER (LEAVE BLANK)</b>

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

<b>1. AGENCY</b>	<b>2. PROGRAM UNIT</b>
<b>3. RECORDS SERIES TITLE</b>	
<b>4. DESCRIPTION OF RECORDS SERIES</b>	
<b>5. BEGINNING DATE</b> (year only)	<b>6. ENDING DATE</b> (year only; if series is ongoing, use "Current")
<b>7. VOLUME OF EXISTING RECORDS BY RECORD TYPE</b>	
PAPER RECORDS: _____ CU. FT.                      COMPUTER READABLE: _____ ITEMS MICROFICHE: _____ ITEMS                              AUDIO-VISUAL: _____ ITEMS MICROFILM: _____ ROLLS                              OTHER (specify type and volume):	
<b>8. ESTIMATED ANNUAL GROWTH</b> (paper records only): _____ CU. FT.	
<b>9. FILES MANAGEMENT ACTION, IF ANY</b> (i.e., action to separate inactive records from active records or to implement final disposition)	
<b>10. EVENT THAT COMMENCES RETENTION PERIOD</b> (e.g., case closure, end of calendar year, etc.)	
<b>11. PROPOSED RETENTION PERIOD AFTER EVENT</b> (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):	
<b>12. FINAL DISPOSITION</b>	
_____ DESTROY                      _____ TRANSFER TO STATE ARCHIVES                      _____ OTHER (specify):	
<b>13. REASONS FOR PROPOSED RETENTION AND DISPOSITION</b>	
<b>14. MODIFICATION TO EXISTING RETENTION AND DISPOSITION AUTHORIZATION</b>	