

REQUEST FROM LOCAL GOVERNMENTS FOR APPROVAL TO DISPOSE OF RECORDS CREATED BEFORE 1910

Instructions

Local governments must use this form to request approval to dispose of records created before 1910. Records of this age often have continuing historical or research value for the following reasons:

1. Other documentation no longer exists. Many earlier records were destroyed through natural disaster or through destruction by public officials prior to the passage of the first state statute in 1911 covering the disposition of local public records.
2. The volume and type of information contained in records have changed since the beginning of the twentieth century. Older records sometimes have more detailed and historically significant information than those produced today.
3. Early records sometimes have intrinsic value beyond the information they contain, which means the records are important to keep in their original form.

Please complete all sections of this form. The State Archives needs this information to determine the value of the specific records.

Send the completed form to the address on the form. The State Archives will carefully review the information and respond in writing, indicating whether or not you may dispose of the records. If you have any questions, contact the State Archives' Government Records Services at (518) 474-6926 or recmgmt@nysed.gov

STATE EDUCATION DEPARTMENT
NEW YORK STATE ARCHIVES

**REQUEST FROM LOCAL GOVERNMENTS
FOR APPROVAL TO DISPOSE OF RECORDS CREATED BEFORE 1910**

Submit completed form to:
Government Records Services
New York State Archives
9A47 Cultural Education Center
Albany, New York 12230
(518) 474-6926

Title of records:	
Dates of records:	
Volume (in cubic feet):	

Description of records (content, use, etc.):			
Is the information in these records available elsewhere?	No ____	Yes ____	
If yes, where?			
Are these records listed on a State Archives schedule?	No ____	Yes ____	
If yes, provide the schedule item number:			
Have these records been microfilmed or digitized?	No ____	Yes ____	
What is the condition of the records?	Good__	Fair__	Poor__
Explain any problems:			

Name of Applicant:	
Title of Applicant:	
Local Government:	
Phone:	
Address:	
Signature:	
Date:	