

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

AGENCY NUMBER (8 character limit)	DISPOSITION AUTHORIZATION NUMBER (LEAVE BLANK)

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	