



RECORDS DISPOSAL APPROVAL

TO: Records Management
FROM: [Department Name]
Subject: Request to Dispose of Records

Records Series Title: _____

Records Number: _____

Dates of Records: Beginning: _____ Ending: _____

Retention Period: _____

Final Disposition Method (check one): Recycle Bulk Shred Archives

Volume (in cubic feet): _____

Contact Person: Name and Phone No. _____

Campus/Department: _____

RECORDS MANAGEMENT DEPARTMENT USE

Approved by authority of Adopted Control Schedule: _____

SLR 501 attached for unscheduled records: _____

Disapproved – Reason: _____

Rosa Miranda Baker, Records Management Officer Date: _____

Date of Final Disposition: _____

Date Entered on Disposition Log: _____