



RECORDS DISPOSAL AUTHORIZATION
 INFORMATION TECHNOLOGY DEPARTMENT
 RECORDS MANAGEMENT
 SFN 2045 (8-1999)

Control Number

ACTION TAKEN	<input type="checkbox"/> Denied until Retention Schedule is submitted. <input type="checkbox"/> Denied because inclusive dates indicate records are being disposed of too soon. <input type="checkbox"/> Agency must contact State Archives. <input type="checkbox"/> Part of records may be disposed. <i>Those not authorized for disposal are crossed out.</i> <input type="checkbox"/> Approved for Disposal/Transfer.
	_____ ITD Records Management _____ Date

APPROVAL	_____ State Archives _____ Date
	_____ Attorney General's Office _____ Date
	_____ State Auditor's Office _____ Date

CERTIFICATE OF DISPOSAL	I certify only those records approved on this request were disposed.		Date of Disposal
	Method of Disposal <input type="checkbox"/> Landfill <input type="checkbox"/> Shred/Burn <input type="checkbox"/> Transfer to State Archives		
	Comments		
	_____ Certified By _____ Witnessed By		

CERTIFICATE OF TRANSFER	I certify that the following records were transferred to the State Historical Society.		Date of Transfer
	Title(s)/Record Control Number(s)		
	_____ _____ _____		
	_____ State Archivist _____ Date		