

RECORDS DISPOSAL REQUEST

FORM A – Request for Internal Approval to Dispose of State Records Not Requiring Archival Review

INSTRUCTIONS

This form is to be completed for records that (1) have met their required retention period, (2) have no further legal, fiscal, administrative, or historical use, and (3) all versions of records (paper, electronic, microfilm, etc.) in the department will be disposed of. Consult the UT Dallas Records Retention Schedule to confirm that all records have met their required retention period and are eligible for disposal. The Retention Schedule is also to be used to complete the list of records being disposed of (below). Records listed on this form will not be referred to the University Archivist for review. Contact us about any records requiring Archivist review.

This form has a continuation page. If more entries are required, please use as many continuation pages as needed. Please do not submit worksheets or other addenda in place of this form or its continuation pages.

Please submit this form to – Email: **RecordsManagement@utdallas.edu**
– Mail Stop: **AD 35**

Questions? Call: **972.883.2262** or email **RecordsManagement@utdallas.edu**

_____ **738** _____ Page: **1** of _____
Department / School / Division Agency Code Date

_____ _____ _____
Individual Receiving the Final Approved Copy of this Request Phone Number Email

Record Medium (e.g.: paper, microfilm, magnetic tape, etc...) NOTE: **ALL MEDIUMS AND COPIES ARE TO BE DISPOSED OF UPON APPROVAL**

Destruction Method (select all that apply): Recycle (open records only) Campus shred service Office shredder Deleted electronically

CERTIFICATION AND SIGNATURES

We hereby request permission to dispose of the following described state records, which have no further legal, fiscal, administrative or historical use to this department. We certify that they have met University retention requirements as specified on the UT Dallas Records Retention Schedule.

_____ _____
Preparer — **Required** Date

_____ _____
Dean or Division Head — **Required** Date

AGENCY ITEM NUMBER (from Field 3)	DESCRIPTION	DATE RANGE FROM (MM/YY) — TO (MM/YY)	RETENTION PERIOD (from Fields 7&8)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR RECORDS MANAGEMENT OFFICE USE ONLY

_____ _____
Approved – UT Dallas Records Management Officer Date

