

SSARC-930 (09/2020)

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS

Archives Use Only				
Disposal Request:	Received:			
		Processed:		
Reason Rejected:	Returned to Agency:			
Archives: Yes No Initials:	Records Manage	ement: 🗆 Yes 🛛 No Initials:		
Disposal Method: Degausse/Erase Deletion Incineration Landfill Maceration Pulverization				
Recycle Shred				

Agency Contact Information			
Agency Name:			
Address:			
Name of Records Officer:			
Phone:	Email:		

Certificate of Agency Representative:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records and that the records described in this list are proposed for disposal for the reason indicated:

A. □The records have ceased to have sufficient value to warrant further retention.

B. The records have ceased to have sufficient value to retain them after they were converted to:

□ Microfilm □ Digital Images

Signature of Agency Records Officer

Date Signed

Description of Records as They Appear on Records Retention Schedule (Attach spreadsheet if more space is needed)			
Inclusive Dates	Page No.	Item No.	Records Series Title