## RECORDS DISPOSITION DOCUMENT

No.

Page _____ of _____

| 1. SCHOOL NAME and ADDRESS | 2. SCHOOL CONTACT (Name and Telephone Number) |
|---|---|
| | |

**3. NOTICE OF INTENTION:** The scheduled records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

☐ a. Destruction ☐ b. Digital Imaging then Destruction ☐ c. Storage ☐ d. Other _____

**4. SUBMITTTED BY:** I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or about to occur.

_____

Signature Name and Title Date

**5. LIST OF RECORD SERIES**

| Box # | Schedule/Item No. | | Name of Record | Retention Period | Inclusive Dates | Volume in Cubic Feet | Date Records Can Be Destroyed | Disposition Action/Date Completed |
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**6. DISPOSAL AUTHORIZATION:** Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

_____

School Records Management Officer Date

**PRIOR Approval is REQUIRED Before Destruction.**

**7. DISPOSAL CERTIFICATE:** The above listed records have been disposed of in the manner and on the date shown in the above disposition column.

_____

Signature Date

_____

Name and Title

| **Please remit to Karen Wells at the District Office.** | |
|---|---|

Continuation Page

Page _____ of _____

| Box # | Schedule/Item No. | | Name of Record | Retention Period | Inclusive Dates | Volume in Cubic Feet | Date Records Can Be Destroyed | Disposition Action/Date Completed |
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