

Instructions for completing the Records Disposition Request

Insert the name of person completing the request, the department that the files are kept, and the department's phone number.

Enter the Record Series Item No.
 Enter the Agency Item No.
 Enter the Record Series Title or a brief description
 Enter the Total Retention Time
 Enter the beginning and ending dates of the records being submitted for disposal

} This information can be found in the
 Records Retention Schedule

Read both statements. Be sure the records that are being submitted for disposition meet the conditions outlined. If so, check both statements.

Have Department Contact sign, date, and forward to Department supervisor for signature. Be sure to save a copy for your records. E-mail to cortny.bates@msutexas.edu **BEFORE** disposing of documents. A response to the Records Disposition Request will follow via e-mail.



Records Disposition Request

Send via E-Mail to cortny.bates@msutexas.edu

TO: Cortny Bates
 Special Collections / Associate
 University Librarian
 940-397-4173

FROM: _____
Name (Person completing request)

Department

Office Phone

DATE: _____

Record Series Item No.	Agency Item No.	Record Series Title	Retention Time-Total	Dates of Records	RMO Comments

I certify that these OFFICIAL RECORDS COPIES have met or are past the retention period specified by Midwestern State University's Records Retention Schedule.

I certify that no HOLD has been placed on these OFFICIAL RECORDS due to any litigation, claim, negotiation, audit, or open records and all administrative requirements have been satisfied.

Required Approval		Departmental Destruction
Department Contact	Date	Date of Records Destruction:
Department Head	Date	Destruction Method: <input type="checkbox"/> Recycle <input type="checkbox"/> Shred
Records Management Officer	Date	
RMO Approval #		