

RECORDS DISPOSITION REQUEST

Records Management Team Administration and Finance http://admfin.ucf.edu/records-management RMLO@ucf.edu | 407-823-2351



Date

ubmitte	ed by:	NAME		DEPARTMENT		DATE
eeded fo elow to k the uni	or audit be disp iversity	d below are correctly requirements or pen osed of in the manne . Initial: items being microfilr	ding or imminent lit r appropriate for th	igation. We request a e document type. No	approval for t copy of any	he records listed type is retained
	digital	or microfilm format, t				
					☐ Continue	ed on additional she
		DRIZATION: Disposal f d. Any deletions or mod		DISPOSAL CERTIFI been disposed of on the above.		

Instructions

- 1) Determine the cubic foot volume and retention period(s) for records listed above. Enter the information to the best of your knowledge and ability. If you have difficulty, contact the RMLO for assistance.
- 2) Send completed form to RMLO@ucf.edu (the final column will be filled out after approval).

Carmen Jarquin, Records Management Liaison Officer (RMLO)

3) You will receive approval (or further discussion) from the RMLO. Once you receive approval, you may destroy the records in the appropriate manner.

Signature

4) After you destroy the records, complete the disposition method and date completed column (far right) and sign the disposition certificate at the bottom. Return the completed form to the RMLO to complete this disposition.

D = = =	~ £
Page	ΩŤ
450	0.

RECORDS DISPOSITION REQUEST CONTINUATION PAGE

Submitted by:				

Submitted	-	NAME	NAME DEPARTMENT DATE				
SCHEDULE NO.	ITEM NO.	TITLE	RETENTION PERIOD	INCLUSIVE DATES	VOLUME IN CUBIC FT.	TO BE FILLED OUT AFTER DESTRUCTION OF ORIGINAL DOCUMENTS: DISPOSITION METHOD AND DATE COMPLETED	