



UNIVERSITY OF
CENTRAL FLORIDA

SCANNING OR MICROFILMING REQUEST

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



Submitted by: _____
NAME DEPARTMENT DATE

The records listed below are being scanned or microfilmed by our department.

I certify that (initial each):

- _____ The records are being microfilmed or retained in at least 300 dpi resolution digital format;
- _____ Each page of the scan is reviewed for quality, accuracy, and completeness;
- _____ We/I have a standardized naming protocol for digital files and can efficiently access individual records and track retention schedules;
- _____ We/I have data security/access control protocols in place; and
- _____ We/I have a policy or procedure in place for managing digital files to include documenting disposition of electronic or microfilm records.

SCHEDULE NO.	ITEM NO.	TITLE	INCLUSIVE DATES	DATE ELIGIBLE FOR DESTRUCTION	VOLUME IN CUBIC FT.	TO BE FILLED OUT AFTER DESTRUCTION OF ORIGINAL DOCUMENTS: DISPOSITION METHOD AND DATE COMPLETED

Continued on additional sheet

DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

RMLO Signature

Date

DISPOSAL CERTIFICATE: The above records have been disposed of on the date and manner indicated above.

Signature

Date

Instructions

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 Return te ete r t t e RMLO t ete t i i iti n

DIGITIZATION OR MICROFILMING REQUEST

CONTINUATION PAGE

Submitted by: _____
NAME DEPARTMENT DATE

SCHEDULE NO.	ITEM NO.	TITLE	INCLUSIVE DATES	DATE ELIGIBLE FOR DESTRUCTION	VOLUME IN CUBIC FT.	TO BE FILLED OUT AFTER DESTRUCTION OF ORIGINAL DOCUMENTS: DISPOSITION METHOD AND DATE COMPLETED