



UNIVERSITY OF
CENTRAL FLORIDA

Records Disposition Request

Records Management Team

Administration and Finance

<http://admfin.ucf.edu/records-management>

RMLO@ucf.edu | 407-823-2351



Form 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. Please consult with department leaders before destruction. **Note: If you complete the form with electronic signatures, which is recommended, you will need to save the form as a new document with your initials at the end prior to sending it to the RMLO.**
2. Send completed form to RMLO@ucf.edu (the final column will be filled out after approval).
3. You will receive approval (or further discussion) from the RMLO. Once you receive approval, you may destroy the records in the appropriate manner, per state guidelines.
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

Submitted

By

First and Last Name

Department

Date

The records listed below are correctly represented, have met their retention requirements, and are not needed for audit requirements, historical value, pending or imminent litigation. We request approval for the records listed below to be disposed of in the manner appropriate for the document type. No copy of any type is retained by the university.

Initial: _____ *Note: For items changing format (i.e. scan or microfilm) for retention of the record of copy, see the Scanning or Microfilming Request Form.*

Continued on additional sheet

Schedule No.	Item no.	Title	Retention Period	Inclusive Dates	Volume in Cubic Ft.	Fill out AFTER Destruction of records: Disposition Method and Date Completed

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

Records Management Liaison Officer

Date

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

Signature

Date

Records Disposition Request

Continuation Page

Submitted by: _____
Name Department Date

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