



UNIVERSITY OF
CENTRAL FLORIDA

SCANNING OR MICROFILMING REQUEST

Records Management Team

Administration and Finance

<http://admfina.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; 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.

Angie Carloss, Records Management Liaison Officer (RMLO)

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

Signature

Date

Instructions

- 1) This form is for a retrospective scanning project (digitizing stored documents where the record of copy will be retained and the paper will become a copy that can be destroyed) or for a similar microfilming project.
- 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.
- 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.

DIGITIZATION OR MICROFILMING REQUEST

CONTINUATION PAGE

Submitted by: _____

		NAME	DEPARTMENT	DATE		
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