

RECORDS DISPOSITION DOCUMENT

NO.

PAGE OF PAGES

1. AGENCY NAME and ADDRESS

University of Central Florida
 Division of Administration and Finance
 4000 Central Florida Blvd
 Orlando, FL 32816-0020

2. AGENCY CONTACT (Name and Telephone Number)

Angie Carlross

(407) 823 - 2351 **Ext.**

3. NOTICE OF INTENTION: The scheduled records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

- a. Destruction b. Microfilming and Destruction c. Other _____

4. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

Signature _____

Name and Title _____

Date _____

5. LIST OF RECORD SERIES

a. Schedule No.	b. Item No.	c. Title	d. Retention	e. Inclusive Dates	f. Volume In Cubic Feet	g. Disposition <u>Action and Date</u> Completed After Authorization

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

 Custodian/Records Management Liaison Officer

 Date

7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.

 Signature

 Date

 Name and Title

 Witness

Continuation Page

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