

# RECORDS DISPOSITION FORM

## RECORDS AND INFORMATION MANAGEMENT

UNTHSCRM 101  
Date Issued: 4-1-97  
Date Revised: 10/13/2009

Department			
Name of Person Completing Form			
Department Account Number		Phone	

**Subject: Request To Dispose Of Records In Accordance With The University Of North Texas Health Science Center Retention Schedule.** I hereby certify that the following records described on the attached pages have no further legal, fiscal, administrative or historical use to this department for the reasons indicated. (Please Check)

1.  The records have fulfilled their retention requirements.
  
2.  Microphotographic reproductions of the records, complying with the minimum standards established by the American National Standards Institute (ANSI), have been made and certified as original records for legal purposes. The type and quality of the reproduction will fulfill the retention requirements of the original records.
  
3.  The records are essential (vital) records as defined by Texas Government Code 441.052, Act of the 70th Legislature. A preservation duplicate of the original microphotographic reproduction has been made and preserved in compliance with this Statute.
  
4.  The records are non-essential and therefore a preservation duplicate is not required.
  
5.  Imaged reproductions of the records, comply with the TSLAC Electronic Records Standards and Procedures State Agency Bulletin One, have been made and certified as original records for legal purposes. The type and quality of the reproduction will fulfill the retention requirements.

Record Medium	(Check Only One)	Paper	<input type="checkbox"/>	Microfilm	<input type="checkbox"/>	Electronic	<input type="checkbox"/>
Final Disposition Method		Trash	<input type="checkbox"/>	Recycle	<input type="checkbox"/>	Shred	<input type="checkbox"/>

Number of Boxes/Containers  Volume (in Cubic Feet) Eligible for Disposal

Record Series Title

Dates of Records: Beginning  Ending

Agency Code 763 Retention Period

**Please complete the attached Disposition Log. It is recommended that each office retain a copy of this record.** Each department is responsible for properly boxing, labeling, and inventorying all records transferred to Records Management. (If additional pages are needed for transfer, please make copies)

Confidential records must remain inaccessible to unauthorized personnel during this process. Although certain files are classified as open records, they should be shredded for final disposition.

I certify that I am authorized to act for this office or department on matters pertaining to the disposition of university records.

**Signatures**

Person Disposing of Documents      Date

Department Head      Date

Records Management Officer      Date

Vice President or Dean      Date

Legal      Date

Audit      Date



### **How to Determine Volume of Records For Cubic Feet Calculation**

A letter size box (10x12x15) = 1.5 cubic feet

A letter size file drawer = 1.5 cubic feet

A legal size file drawer = 2 cubic feet

Please contact Records and Information Management concerning any question about how to complete this form.

Records and Information Management Contact Numbers

817-735-5011 - Director of Records and Information Management

817-735-0683 - Records and Information Management Coordinator

Fax 817-735-5139