



SECRETARY OF STATE

ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS

A DIVISION OF THE ARIZONA SECRETARY OF STATE



PRE-APPROVAL FOR UNSCHEDULED RECORDS DISPOSITION

WHEN RECORD SERIES ARE NOT ON AN APPROVED RETENTION SCHEDULE

Pursuant to ARS §41-151.14 (4), *the head of each state and local agency shall "Submit a list of public records in the agency's custody that are not needed in the transaction of current business and that are not considered to have sufficient administrative, legal or fiscal value to warrant their inclusion in established disposal.*

INSTRUCTIONS

PART 1: REQUEST FOR APPROVAL

1. In the top section enter the name of your Agency or Public Body, and include any subdivision breakdown for division, department or unit.
2. List the Record Series associated with the destruction using the exact record series number(s) and name(s) found in the Retention Schedule Database.
3. Enter the earliest date of records you are requesting to destroy under the *Records Start Date* column and the latest date for the records you are requesting to destroy under the *Records End Date* column.
4. Enter the date the records were eligible for destruction.
5. Enter the format of the records to be destroyed under the *Format: Paper, Digital, Microfilm* column.
6. Enter the number of records being destroyed under the *Number of Files, Boxes, Reels or Electronic File Size* column.
7. If additional pages are needed for reporting, please attach a file with the certificate when sending to the Arizona State Library, Archives, and Public Records.

PART 2: CERTIFICATION

Do not complete Part 2 of the form until you have received signed authorization to do so and the action authorized has been completed.

1. When the disposition action has occurred, complete the certificate section of the form and mail the original to the Arizona State Library, Archives, and Public Records, Records Management Center.
2. Include the name, e-mail and phone number of the Records Officer for your agency or public body who performed or arranged for the records disposition to occur (for transferring to Library, Archives and Public Records, or with a contracted vendor for the destruction of the records). Your Records Officer must sign the form.

ARCHIVES AND RECORDS MANAGEMENT

1901 West Madison Street • Phoenix, Arizona 85009

(602) 926-3720 • records@azlibrary.gov • <http://www.azlibrary.gov/arm>



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**PRE-APPROVAL FOR UNSCHEDULED
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PART 1: REQUEST FOR APPROVAL

Public Body _____

Division _____

Department _____

**Office/
Unit** _____

REQUESTOR:

Agency or Political Subdivision:			
Name (Print):	Records Officer or Designee (type or print):		
Signature:			Date:
Phone:	Email:		

Record Series Number and Title	Records Start Date	Records End Date	Eligible to Destroy Date	Format:			Amount		
				Paper	Microfilm	Digital	Boxes	Files	File Size
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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PART 2: CERTIFICATION

ACTION AUTHORIZED	
<input type="checkbox"/>	Transfer records to Arizona State Library, Archives and Public Records.
<input type="checkbox"/>	Continue to hold until: _____
<input type="checkbox"/>	Transfer records to: _____
<input type="checkbox"/>	Destroy so as to render unusable.

AUTHORIZED BY:		
	Records Analyst (or designee)	Date Approved
	Administrator (or designee)	Date Approved

CERTIFICATE THAT RECORDS HAVE BEEN DISPOSED

As authorized under ARS §41-151.14 and ARS §41-151.19, I hereby certify that the records described in Part 1 (attached) have been disposed of according to the action authorized

Signature	Date
Name (type or print):	Records Officer or Designee (print):
Phone:	E-Mail: