



MICHELE REAGAN
Secretary of State
State of Arizona

ARIZONA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS
A DIVISION OF THE ARIZONA SECRETARY OF STATE

Dr. Ted Hale, State Archivist
Director, State Archives and Records Management



ARCHIVES AND RECORDS MANAGEMENT

**PRE-APPROVAL FOR UNSCHEDULED RECORDS DISPOSITION
WHEN RECORD SERIES ARE NOT ON AN APPROVED RETENTION SCHEDULE**

INSTRUCTIONS

Use this form *ONLY* for records that do not appear on an approved Retention Schedule.

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. Fill in the contact information for the requestor seeking approval.
3. List the record titles requested for disposition based on the terminology used in your office, and briefly describe what the records are and their purpose.
4. Enter the earliest date of records you are requesting to be disposed under the *Records Start Date* column and the latest date for the records to be disposed under the *Records End Date* column.
5. Enter the format of the records to be disposed under the *Format: Paper, Digital, Microfilm* column.
6. Enter the amount of records being disposed under the *# of Files, Boxes, Reels; Electronic File Size*

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.

RECORDS MANAGEMENT CENTER

1919 West Jefferson Street • Phoenix, Arizona 85009 • Home Page: <http://www.azlibrary.gov/records>

Phone: (602) 926-3815 • FAX: (602) 256-2838 • E-Mail: records@azlibrary.gov



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PART 1: REQUEST FOR APPROVAL

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

Public Body _____ Division _____

Department _____ Office/Unit _____

REQUESTOR:

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

Record Series Description	Records Start Date	Records End Date	Format: Paper, Digital, Microfilm	# of Files, Boxes, Reels; Electronic File Size

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PART 2: CERTIFICATION

THIS PORTION IS NOT TO BE FILLED OUT UNTIL AUTHORIZATION HAS BEEN SIGNED BY ARIZONA STATE ARCHIVES AND RECORDS MANAGEMENT RECORDS BELOW

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.												
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">AUTHORIZED BY:</td> <td style="border: none; border-bottom: 1px solid black; width: 55%;"></td> <td style="border: none; border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Dr. Ted Hale, Director - ARACM</td> <td style="border: none;">Date Approved</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; border-bottom: 1px solid black;"></td> <td style="border: none; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Records Analyst (or designee)</td> <td style="border: none;">Date Approved</td> </tr> </table>		AUTHORIZED BY:				Dr. Ted Hale, Director - ARACM	Date Approved					Records Analyst (or designee)	Date Approved
AUTHORIZED BY:													
	Dr. Ted Hale, Director - ARACM	Date Approved											
	Records Analyst (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

Records Officer Signature _____
Date

Name (type or print):	Title:
Phone:	E-Mail:

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