

## INSTRUCTIONS FOR COMPLETING RECORDS DISPOSITION REPORT

**NOTE: Complete sections 1-6 on the form per the following instructions.**

1. **DIVISION** - Enter the division of the university that your department or office is within i.e. ACADEMIC AFFAIRS, ADMINISTRATIVE AFFAIRS, STUDENT AFFAIRS, UNIVERSITY ADVANCEMENT.
2. **DEPARTMENT** - Enter your department name.
3. **CONTACT** - Enter the name, extension and email address of the department person who is immediately responsible for the maintenance and security of records. This is the person to whom inquires regarding the disposition request will be directed.
4. **SUBMITTED BY** - This section must be signed and dated by the department head. Print that person's name and title in the space below their signature and date.
5. **NOTICE OF INTENTION** - Enter an "X" (auto-check online) by the disposition requested. This will most always be "destruction" (note: records that are approved for destruction are deposited by Records Management staff in a paper bin and transported to a recycling vendor). Any other disposition should be discussed with the University Records Management Liaison Officer (RMLO) prior to completing the form and they will instruct you on what to enter in such case.
6. **LIST OF RECORD SERIES** - Complete the following information for each record series listed. You will need to refer to the records schedule in the back of the University Records Management Manual for a, b and c below.
  - a. **Schedule No.** - Enter the appropriate records schedule number. This will be either GS1 or GS5. This information appears at the end of each records series in the records schedule.
  - b. **Item No.** - Enter the appropriate number and letter (a or b) of the record series. The item number is shown beside the schedule number for each listing in the records schedule. The letter, "a" or "b" indicates "record copy" or "duplicate" and appears by the retention for each. Enter the Item number in this way i.e. 3(a), with the letter in parenthesis.
  - c. **Title** - Enter the title of the record series as listed in the records schedule.
  - d. **Ret.** - leave this space blank. This space will be completed by the UWF RMLO.
  - e. **Inclusive Dates** - Enter the dates covered by the records (the period they are "inclusive in"). Use the same period designation (fiscal year, calendar year, etc.) referred to in the retention, or if the retention does not indicate a particular designation then use whatever is appropriate to the way you maintain the records (calendar year, fiscal year, etc.). You may list more than one period (year, fiscal year, semester, etc.). However, you need only list the beginning and ending dates, i.e. 7/92-6/94 (this example indicates the records are inclusive within the 2 fiscal years 92/93 and 93/94 ).
  - f. **Volume in Cubic Feet** - Enter the approximate number of cubic feet. The conversion chart (page A-8) in the UWF Records Management Manual will be helpful if you are unsure of this amount.
  - g. **Disposition Action and Date** - Leave this blank. The UWF RMLO will use this space to document the disposition action and date.

# THE UNIVERSITY OF WEST FLORIDA RECORDS DISPOSITION REPORT

NO. \_\_\_\_\_

**1. DIVISION**

**2. DEPARTMENT**

**3. CONTACT** \_\_\_\_\_

Ext      Email

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

\_\_\_\_\_  
Department Head Signature      Date

\_\_\_\_\_  
Department Head Name and Title (Printed)

**5. NOTICE OF INTENTION**

The scheduled records listed in item 6 are to be disposed of in the manner checked below (specify only one):

\_\_\_\_\_ Destruction      \_\_\_\_\_ Scanning and Destruction

\_\_\_\_\_ Other \_\_\_\_\_

**6. LIST OF RECORD SERIES**

a. Sched. No.	b. Item No.	c. Title	d. Ret.	e. Inclusive Dates	f. Volume Cubic ft.	g. Disposition Action and Date

**7. RMLO REVIEW:** I have reviewed this disposal report and any deletions or modifications are noted.

\_\_\_\_\_  
Signature      Date

**8. ARCHIVIST REVIEW:** I have reviewed this disposal report and any records transferred to the UWF Archives are noted.

\_\_\_\_\_  
Signature      Date

**9. DISPOSAL AUTHORIZATION:** Disposal for the above listed records is authorized.

\_\_\_\_\_  
Director of Business & Auxiliary Services      Date

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

\_\_\_\_\_  
Records Management Liaison Officer      Date

\_\_\_\_\_  
Witness