REQUEST FOR INTERNAL APPROVAL TO DISPOSE OF STATE RECORDS

FORM A- For Records Not Requiring Archival Review

THE UNIVERSITY OF TEXAS AT DALLAS		Page 1 of ____
Refer to Instructions before completing. Use typewriter or computer to complete this form.		Agency Code **738**
1. Division, Department or School		2. Today's Date
3. Individual to Receive Final Approved Copy	4. Campus Mail Stop	5. Phone Number
6. Location of Records ☐ Department ☐ Other Storage	7. Records Medium	

DEPARTMENTAL CERTIFICATION AND SIGNATURES: We hereby request permission to dispose of the following described state records which have no further legal, fiscal, administrative or historical use to this department. We certify that they have met the university retention requirements, as specified on the UT Dallas Records Retention Schedule.

8. Preparer Date:

9. Dean or Division Head Date:

10. DESCRIPTION OF RECORDS

Please include Record Series Number, Record Series Title, Date Range (*month* ***and*** *year*), and the Retention Period listed on the UT Dallas Records Retention Schedule.

Record Series Number	Record Series Title	Date Range From-To (mm/yy)	Retention Period	Archival Review?
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FOR RECORDS MANAGEMENT OFFICE USE ONLY

11. Approval - UT Dallas Records Administrator	Date:

Completed form should be sent to Teresa M. Johnston, Director of Business Services
Mailed to AD25 or faxed to 972-883-6772.

Revised 7/12/10

Print

Reset Form

REQUEST FOR INTERNAL APPROVAL TO DISPOSE OF STATE RECORDS

FORM A--CONTINUATION PAGE

Page ____ of ____

Record Series Number	Record Series Title	Date Range From-To (mm/yy)	Retention Period	Archival Review?
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Request for Internal Approval to Dispose of State Records
Form A Instructions

The numbers below correspond to the numbers on the form.

1. Specify the Division, Department or School making the request.
2. Enter the date you completed the form.
3. Enter the name of the individual who is to receive the final, approved copy of the request.
4. Note the campus address for the individual listed in #3.
5. Write the phone number for the individual listed in #3.
6. Check the space indicating the location of the records to be disposed. ("Other" refers to any location other than your Division, Department or School.)
7. Enter the medium of the records. (i.e., paper, e-mail, CD, other electronic storage, microfilm, magnetic tape)
8. The of the form signs and dates.
9. The unit head, dean, or appropriate supervisor signs and dates. **Both signatures are required**
10. The description of records must include:
    - #The#Record Series Number as listed on the UTD Record Retention Schedule.#
    - #The#Record Series Title#
    - #The#Date Ranges of the records (months and years)#
    - #The#Retention Period (as noted in the UTD Records Retention Schedule).#
    - #Leave#the Archival disposition column blank.#

Note that the form has a continuation page. If more entries are required, please use as many continuation pages as needed. Please do not submit worksheets or other addenda in place of the disposal form or disposal form continuation pages.

The completed form may be submitted to Teresa Johnston, Director of Business Services

Fax: 6772
E-mail: Teresa.Johnston@utdallas.edu
Campus Mail: AD25
Phone: 972-883-2797