

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