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| **RECORDS DISPOSITION AUTHORIZATION – STATE AGENCIES**  Form RC-108 (Revised **07/2011**) | | | | | |  | | | **STATE OF CONNECTICUT**  **Connecticut State Library**  **Office of the Public Records Administrator**  231 Capitol Avenue, Hartford, CT 06106  <http://ctstatelibrary.org/publicrecords/> | | | | |
| **AUTHORITY:** State agencies in the Executive branch and certain quasi-public agencies must use this form to obtain approval for disposition (destruction or transfer) of public records in accordance with CGS §11-8a. All records proposed for disposition must be on an approved records retention schedule. If a record is not on a schedule, the record cannot be disposed; contact this office for further direction.  **INSTRUCTIONS:** Fill out the form completely and legibly and submit it to this office **30 days prior** to the proposed disposition date. Each form must be signed by the records custodian and RMLO. If the RMLO is the records custodian, only the RMLO’s signature is required. To list additional records, use additional forms. For volume of records, see [Guide for Measuring Volume of Records](http://ctstatelibrary.org/wp-content/uploads/2015/05/RecordsMeasurementGuide.pdf). The signed form will be returned to the RMLO after review. At the time of disposal, the RMLO should record the actual date of disposition, attach any related supporting documentation (e.g., Certificate of Destruction or Transfer Agreement), and retain pursuant to S1-550. | | | | | | | | | | | | | |
| **STATE AGENCY:**  University of Connecticut | | | | | | **DIVISION / UNIT:** | | | **ADDRESS** *(for return of form):* | | | | |
| **TYPE OF REQUEST – Indicate one and sign the associated certification statement below:** | | | | | | | | | | | | | |
| **TRANSFER** | | **I hereby certify that the records listed below are to be transferred. After approval, legal title and custody of the records listed below will be transferred to (include agency name and address):** | | | | | | | | | | | |
| **DESTRUCTION** | | **I hereby certify that the records listed below have met the retention requirements as indicated on approved records retention schedules issued by the Office of the Public Records Administrator. No records listed, in my opinion, pertain to any pending case, claim, or action. If applicable, all relevant audit reports have been issued.** | | | | | | | | | | | |
| **RECORDS CUSTODIAN** *(type or print)*: | | | | **TITLE OF RECORDS CUSTODIAN** *(type or print)*: | | | | **RECORDS CUSTODIAN SIGNATURE:** | | **DATE SIGNED:** | | **PHONE:** | |
| **RMLO** *(type or print)*:  Betsy Pittman | | | | **TITLE OF RMLO** *(type or print)*:  University Archivist | | | | **RMLO SIGNATURE:** | | **DATE SIGNED:** | | **PHONE:**  860-486-4507 | |
| **SCHEDULE & SERIES NUMBER** *(e.g. S1-070 or 11-6-4 #5)* | | | RECORDS SERIES TITLE | | | | | | **DATES OF RECORDS** | | **VOLUME OF RECORDS** | | **PROPOSED DATE OF DISPOSITION** |
| **FROM** | **THRU** |
| 1. |  | |  | | | | | |  |  |  | |  |
| 2. |  | |  | | | | | |  |  |  | |  |
| 3. |  | |  | | | | | |  |  |  | |  |
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| 9. |  | |  | | | | | |  |  |  | |  |
| 10. |  | |  | | | | | |  |  |  | |  |
| **AUTHORIZATION EXCEPTIONS:** | | | | | | | | | | | | | |
| **APPROVED** *(Signature of State Archivist):* | | | | | **DATE SIGNED:** | | **APPROVED** *(Signature of Public Records Administrator):* | | | | **DATE SIGNED:** | | |