RECORDS DISPOSITION AUTHORIZATION – STATE AGENCIES

Form RC-108 (Revised 06/2021)



STATE OF CONNECTICUT

Connecticut State Library

Office of the Public Records Administrator
231 Capitol Avenue, Hartford, CT 06106

https://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.

See Page 2 to	r instructio	ons. Send c	ompleted form by	email.							
STATE AGENCY:				DIVISION / UNIT:			RMLO EMAIL ADDRESS (for return of form):				
TYPE OF REQUE	ST – Indicate	one and sign tl	he associated certification	statement below:		<u>.</u>					
_				sted below are to be transferred to another entity. After approval, legal title and custody of the records listed below will be transferred							
DESTRUCTIO	N			listed below have met the retention requirements as indicated on approved records retention schedules issued by the Office of the o records listed, in my opinion, pertain to any pending case, claim, or action. If applicable, all relevant audit reports have been issued.							
				DS CUSTODIAN (type or print): RECORDS CUSTODIAN S			RE: DATE SIGNED:		PHONE:		
RMLO (type or print):		JOB TITLE OF RMLO (type or print):		RMLO SIGNATURE:		DATE SIGNED:	DATE SIGNED:		PHONE:		
RECORD SERIES NUMBER			DECORDS SERVES TITLE			DAT	TES OF RECORDS	VOLUME OF I		PROPOSED DATE	
(e.g. ADMIN-015 or DAS-01-002)	RECORDS SERIES TITLE			FROM	THRU	THRU RECORDS		OF DISPOSITION	
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
OFFICE USE ONLY — AUTHORIZATION EXCEPTIONS:								_	AL VOLUME RECORDS		
APPROVED (Signature of State Archivist):			DATE SIGNED:	APPROVED (Signa	APPROVED (Signature of Public Records Administrator):			DATE SIGNED:			
				I.							