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| 1. AGENCY NAME AND DIVISION/PROGRAM: | 2. AGENCY CONTACT: NAME: PHONE #: EMAIL: |
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3. NOTICE OF INTENTION: The schedule records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

Delete
 Incinerate
 Shred as Classified
 Toss without Restriction

Other: Explain

4. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements or **Offer to the State Historical Society Archives** has been fully justified, and that further retention is not required for any litigation pending or imminent. *Documentation attached from Historical Society.*

SIGNATURE:
 NAME AND TITLE:
 DATE:

5. LIST OF RECORD SERIES

NOTE: Attach any inventories or Excel spreadsheets to this form to help validate records destroyed.

| a. Retention Schedule Number | b. Item number listed on Retention Schedule | c. Record Series Title | d. Retention in months/years | e. Inclusive Dates | f. Volume in Cubic Feet | g. Disposition Action and Date completed after Authorization |
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| <p>6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.</p> <p>Custodian/Records Manager</p> <p>Name: Date:</p> <p>Signature:</p> | <p>7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.</p> <p>Name and Title:</p> <p>Signature:</p> |
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