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Records Disposition Log

Date: _____ **Campus/Department:** _____

Prepared By: _____

*Information from Records Retention Schedule							
TSLAC Record Number*	**Records Series Title***	**Description of Contents** "Miscellaneous" is not an acceptable description	**Retention Period***	**Date Range From** *MM/DD/YYYY*	**Date Range To** *MM/DD/YYYY*	**Permanent or Date of Destruction**	**EISD Box #**

I certify I have verified the documents contained in the boxes listed above are eligible for destruction, as noted, according to the rules and regulations of the Texas State Library and Archives Commission, and are not currently the subject of any litigation, claim, negotiation, audit, public information request, administrative review, or other action.

Principal's/Department Head's Signature Date

Comments:

RMO's Signature Date

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