

Date: \_\_\_\_\_

\_\_\_\_\_  
(Organization Name)

### Records Disposal Form

Title of Record	Dates	Disposed of

#### Records Schedule Requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Office of Origin: \_\_\_\_\_

Volume of records in cubic feet: \_\_\_\_\_



#### Authorizing Signatures:

Department Head (where record was created): \_\_\_\_\_

Records Management Officer (RMO): \_\_\_\_\_