Page 1 of 2	**RECORDS DISPOSAL AUTHORIZATION** **TYLER ISD RECORDS** 1000-40 (RMR[b]) - Permanent	RMO-0006 Rev. 1/10/11

Campus:	Source Copy Retention: RECORDS MANAGEMENT DEPT.
Contact Name:	Contact No.:
SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent. Signature Date Name & Title	The scheduled records listed in Item 8 are to be disposed of in the manner checked below (specify only one): ____ a. Destruction by: _____ ____ b. Converted to Electronic Records ____ c. Other: _____

LIST OF RECORD SERIES

Sch.	Record Series No.	Title & Retention Period	Dates of Records	Volume (cubic feet)	Disposition Action & Date Completed after Authorization

DISPOSAL AUHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

Records Management Officer Date

DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in last column (Disposition Action & Date).

Signature Date

Name & Title

Witness

Destroy by: Company or Campus Name

NOTE: Upon disposition retain this form for 3 years for audit purposes. Source copy is retained by Records Management.