

FLORIDA STATE UNIVERSITY

RECORDS DISPOSITION DOCUMENT

1. COLLEGE/DEPARTMENT Name: Address:	2. CONTACT Name: Phone #: Email:	3. NOTICE OF INTENTION: The scheduled records listed in item 5 are to be disposed of in the manner checked below (specify only one): a. Destruction b. Transfer to Archives c. Other
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4. 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	Name and Title	Date
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5. LIST OF RECORD SERIES						
a. Schedule No.	b. Item No.	c. Title and brief description of records	d. Retention (fy/ay/cy)	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date Completed After

6. DISPOSAL AUTHORIZATION: (RM Use only) Disposal for the above listed records is authorized. Any deletions or modifications are indicated. <div>Records Management Liaison Officer/University Archivist</div> <div>Date</div>	7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g. <div>Signature</div> <div>Date</div> <div>Name and Title</div> <div>Witness</div>
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