FLORIDA STATE UNIVERSITY

RECORDS DISPOSITION DOCUMENT

1. DEPARTMENT/COLLEGE:	2. CONTACT	3. NOTICE OF INTENTION: The scheduled records listed below are to be disposed of in the following manner (specify only one):
Name:	Name:	a. Destruction ☐ b. Transfer to Archives ☐ c. Other ☐
Address:	Phone:	
	Email:	

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

5. LIST OF RECORD SERIES

a. General Schedule No.	b. Item No.	c. Title and Brief Description of Records	d. Retention (fy/ay/cy/sem)	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition Action and Date Completed

6. DISPOSAL AUTHORIZATION: (RM Use only)
Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

Records Management Liaison Officer/University Archivist Date

7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.

Signature Date

Name and Title

Witness