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| **RECORDS DESTRUCTION DOCUMENT (RM88)** | | | | | | NO.  PAGE       OF       PAGES | | | |
| 1. **AGENCY NAME AND DIVISION/PROGRAM:** | | | 2. **AGENCY CONTACT:**  NAME:    PHONE #:       EMAIL: | | | | | | |
| 3. **NOTICE OF INTENTION:** The schedule records listed in Item 5 are to be disposed of in the manner checked below (specify only one).  Delete  Incinerate  Shred as Classified  Toss without Restriction  Other: Explain | | | | | | | | | |
| 4. **SUBMITTED BY:** I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements or **Offer to the State Historical Society Archives** has been fully justified, and that further retention is not required for any litigation pending or imminent. *Documentation attached from Historical Society*.  SIGNATURE:  NAME AND TITLE:  DATE: | | | | | | | | | |
| **5. LIST OF RECORD SERIES**  **NOTE: Attach any inventories or Excel spreadsheets to this form to help validate records destroyed.** | | | | | | | | | | |
| a.  Retention Schedule Number | b.  Item number listed on Retention Schedule | c.  Record Series Title | | | d.  Retention in months/years | | e.  Inclusive Dates | f.  Volume in Cubic Feet | g.  Disposition Action and Date completed after Authorization | |
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| 6. **DISPOSAL AUTHORIZATION**: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.  Custodian/Records Manager  Name:       Date:  Signature: | | | | **7. DISPOSAL CERTIFICATE:** The above listed records have been disposed of in the manner and on the date shown in column g.  Name and Title:  Signature: | | | | | | |