

Texas A&M University–Central Texas

RECORDS DISPOSITION FORM

Department		
Date	Office Address	Telephone

Retention Schedule Agency Item #	Description of Records	Date Range From –To (mm/yy)	Retention Period	Medium

Departmental Certification/Request for Destruction/Archive

We certify that these state records are past the retention period specified by The Texas A&M University System Records Retention Schedule and that all audit and administrative requirements have been satisfied.

CAUTION: A state record may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of the retention period. The record must be retained until completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later. Tex. Gov't Code § 441.187(b). Any record subject to federal audit must be retained until the expiration of the audit period or the period specified in the System Records Retention schedule, whichever is later.

Required Approval		Departmental Disposition	
Department Records Coordinator	Date	Date of Records Disposition	
Department Head	Date	Disposition Method Shredding ____ Electronic ____ Archive ____	
University Records Officer	Date		
Archivist	Date	Destruction Witness	

INSTRUCTIONS FOR FILLING OUT THE RECORDS DISPOSITION FORM

1. **This form is required only for the destruction and archiving of the record copy of state records. The record copy is the official copy that must be maintained for the period designated on the A&M System Records Retentions Schedule. Other copies of a record are convenience copies and can be destroyed without submitting this form.**
2. Fill in your department name, date, office address and mail stop, and phone number.
3. Locate a description of your records in the current [A&M System Records Retentions Schedule](#) and write the Agency Item number(s) (RRS field #5) that corresponds with the records series in the column labeled Retention Schedule Agency Item #. If you are unsure what type of records you have, please call (254) 519-5763 or email compliance@tamuct.edu for assistance.
4. Fill in the description of the records in the Description column. The description can include the Retention Schedule description or your own specific document description.
5. Fill in the Date Range of the records. Please include month and year. (*Example: 1/1/2015*)
6. Fill in the Retention Period listed for the records in the System Records Retention Schedule. (*Example: AC+3*)
7. Fill in the Medium of the records (*for example, paper, electronic, etc*)
8. Check Departmental Certification/Request for Destruction/Archive box to certify that the listed records are eligible to be destroyed or archived in accordance with the System Records Retention Schedule and administrative requirements.
9. The Department Records Coordinator and the Department Head must sign the form before it will be reviewed for approval by the University Records Officer and System Records Management.
10. Once the records retention dates have been checked by Texas A&M–Central Texas Records Officer and the records are approved for destruction or archive by System Records Management, the form will be returned to the department. At that time the records may be destroyed or delivered to the universities archivist.
11. Complete the Departmental Disposition Information section once the records have been destroyed and return the form to the **Office of Institutional Compliance**, or if archived, form can be left with the Archivist. A copy will be returned to your department for your reference.
12. Complete the Record Disposition Log for both records that have been designated as archival records and transferred to archives and records that have been destroyed.