



**Request for Authority to Dispose of Records -
Internal**

DOA/OTS (4/16)

To: Records Retention Officer

Submitted By: _____ Date: _____

The records listed below have ceased to have any value to warrant further retention. All legal requirements for retention have been complied with. Permission is requested to dispose of these records in a proper manner.

Item or Box Number	Description (Include Record Series Title and Dates)

This request has been reviewed and I concur that it is in order for these records to be destroyed.

OTS Section Head / Record Owner - *Signature and Date*

Chief Information Officer - *Signature and Date*