

Revised 02/2002	RECORDS DISPOSITION REQUEST Records Management Office	NO. _____
University of North Florida 4567 St. Johns Bluff Road, S. Jacksonville, Florida 32224	DIVISION _____	PAGE 1 OF _____ PAGES Office/Dept. _____

CONTACT (Name, Telephone Number, Building and Room Numbers)

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 Date

Name and Title

NOTICE OF INTENTION

The scheduled records listed below are to be disposed of in the manner checked below (specify only one):

a. Destruction b. Microfilming/Optical Scanning and Destruction

c. Other _____

List of Record Series

a. Schedule Item	b. Item No.	c. Title	d. Number Of Boxes	e. Inclusive Dates	f. Volume Cu. Ft.

9. DISPOSAL AUTHORIZATION Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

Records Management Officer Date