

Revised 06/2010	<b>RECORDS DISPOSITION REQUEST</b> <b>Records Management Office</b>	NO. _____ PAGE 1 OF _____ PAGES
University of North Florida 1 UNF Drive Jacksonville, Florida 32224	<b>DIVISION</b>	<b>Office/Dept.</b>

**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**