



STATE OF LOUISIANA
SECRETARY OF STATE
 DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY

Print Form

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**
 SSARC 930 (R 1/07)

JAY DARDENNE
 SECRETARY OF STATE

TO: RECORDS MANAGEMENT SECTION
DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY
POST OFFICE BOX 94125
BATON ROUGE, LA 70804-9125

FOR ARCHIVES USE ONLY	
Your Disposal Authority Request has been:	
<input type="checkbox"/> Approved _____	Received: _____
<input type="checkbox"/> Rejected _____	Processed: _____
Returned: _____	
Reason: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Archives _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Rec Mgt _____
Method: <input type="checkbox"/> DUMP <input type="checkbox"/> SHRED <input type="checkbox"/> RECYCLE <input type="checkbox"/> BURN <input type="checkbox"/> DELETE <input type="checkbox"/> DeGAUSS/ERASE <input type="checkbox"/> CRUSH	

FROM:

_____ 1. AGENCY NAME

_____ 2. ADDRESS

_____ 3. NAME OF PERSON WITH WHOM TO CONFER 4. TELEPHONE NUMBER WITH AREA CODE 4A. E-MAIL ADDRESS

5. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records and that the records described in this List or Schedule are proposed for disposal for the reason indicated:

- A. The records have ceased to have sufficient value to warrant further retention.
- B. The records will cease to have sufficient value to retain them after the date or event indicated.
 - These records have been converted to Microfilm; Digital Images.

_____ DATE SIGNED SIGNATURE OF REPRESENTATIVE TITLE

6. Inclusive Dates	7. Description of Records (List Records Series Title if Records Appear on Agency Retention Schedule)