

Physical Record Disposition Authorization

Instructions for completing this form are available at [www.uleth.ca/records-management/forms](http://www.uleth.ca/records-management/forms).

|  |  |
| --- | --- |
| Department Click here to enter department or unit name | Date Click drop-down to select |
| Location of Records Records Centre  Other: Click here to enter room number | Total Number of Boxes Click here to enter |
| Prepared by Click here to enter name and position of person who prepared this form | Phone Number Click here to enter extension |

In accordance with the current University of Lethbridge Classification System (ULCS), the records listed on the subsequent page(s) have passed their approved retention period and are, therefore, eligible for disposition.

Records scheduled for archival selection will be reviewed by the University Archivist for transfer to the University Archives. Records scheduled for destruction according to the ULCS will be shredded.

I have reviewed these files and determined that some of these records are subject to audit, litigation, or administrative action. Please stop the disposition process for the records identified with an “X” in the Hold column. The remaining files are no longer required. Please charge shredding costs to account:

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| Fund | - | Org | - | 6015 | - | Prog |

OR

I have reviewed these files and determined that, to the best of my knowledge, these records are no longer required for **litigation, audit, or administrative purposes**. Please charge shredding costs to account:

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| Fund | - | Org | - | 6015 | - | Prog |

Electronic and other convenience copies of these records have been destroyed/deleted in conjunction with this disposition. This includes electronic copies stored on departmental or personal computers, shared drives, flash drives, mobile devices, email and/or any other storage device.

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| Disposition authorized by: | | |
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| Click here to enter name of Designated Records Liaison, Click here to enter DRO’s position title |  | Date |
|  |  |  |
| Click here to enter name of department head, if applicable, Click here to enter department head’s position title (if applicable) |  | Date |
|  |  |  |
| Click here to enter name of senior administrator, Click here to enter senior administrator’s position title |  | Date |
|  |  |  |
| Ashley Haughton, Records and Information Manager |  | Date |
| I have reviewed the records with a scheduled disposition of “Archival Selection” and have transferred those indicated with a “✔” in the Transferred to Archives column to the University Archives. The remaining records may be destroyed. | | |
|  |  |  |
| Michael Perry, University Archivist |  | Date |

| **Physical Records Eligible for Disposition** | | | | | | | | **Date:** Click drop-down to select | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Box #** | **File Name/Description of Record** | **M or C (Master or Copy)** | **ULCS #** | **FD**  **per ULCS** | **From Date**  **If known**  **(YYYY)** | **To Date**  **(YYYY)** | **Date Eligible for Disposition (YYYY)** | **Hold**  **(If appl.)** | Records Management Use | |
| **Location** | **Transferred to Archives** |
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