



RECORDS DISPOSITION AUTHORIZATION

STATE OF TENNESSEE PUBLIC RECORDS COMMISSION

1. Department/Division	Allotment Code
2. Division Address	
3. Contact Person	Telephone
4. Records Officer Signature	Date
5. Division Director Signature	Date
6. Agency Head Signature	Date
7. Action Requested <input type="checkbox"/> Establish Records Disposition Authorization <input type="checkbox"/> Revise Records Disposition Authorization Number _____ If this RDA supersedes any existing RDAs, indicate RDA Number(s) _____ <input type="checkbox"/> One Time Disposal	
8. Records Series Title	Date Range of Records From: _____ To: _____
9. Records Series Description (include content)	
10. Recommended Disposition: The files are to be cut off at the end of each <input type="checkbox"/> calendar year <input type="checkbox"/> fiscal year <input type="checkbox"/> other (specify) _____ then. <input type="checkbox"/> Maintain in agency _____ month(s) _____ year(s); then <input type="checkbox"/> Transfer to State Records Center; Hold _____ year(s); then <input type="checkbox"/> Destroy <input type="checkbox"/> Destroy after _____ <input type="checkbox"/> Destroy when _____ <input type="checkbox"/> Retain permanently <input type="checkbox"/> Transfer to Library and Archives where records will be screened and evaluated for historical purposes. <input type="checkbox"/> Other (specify) _____ _____ _____	

FOR PUBLIC RECORDS COMMISSION USE ONLY

Chairman (Signature)	RDA Number _____	Date Approved Mo. / Day / Year
Member (Signature)	Member (Signature)	
Member (Signature)	Member (Signature)	