RECORDS DISPOSITION REQUEST

RIM USE ONLY
RETENTION

DCPS FORM: RIM 107/12-13

RIM USE ONLY
DESTRUCTION

DUVAL COUNTY
PUBLIC SCHOOLS

DCPS Retained *Request* #_____

Received Date: _____/_____/_____

DCPS Destruction Request #_____

Received Date: _____/_____/_____

Projected Destruction Date: _____/_____/_____

1. AGENCY: Duval County Public Schools	2. DIVISION: / CLUSTER:	3. NAME OF SCHOOL OR DEPARTMENT:
4. SCHOOL OR BUILDING NUMBER:	5. SCHOOL OR DEPARTMENT ADDRESS:	
6. RESPONSIBILITY CENTER NUMBER:	7. CONTACT PERSON (NAME, PHONE NUMBER AND EXT.):	

8. NOTICE OF INTENTION

The records listed below in Item 10 are to be disposed of in the manner indicated by the checked box below:

☐ **DESTRUCTION** (Records ***have satisfied*** the scheduled retention requirement)

☐ **DESTRUCTION** (Records must be reduced to microfilm, optical disk or other media and meet the requirements of the Florida Administrative Code, Rules 1B-26.0021, 1B-26.003, and Florida Statutes, Section 92.29 prior to destruction)

☐ **RETAIN**
(To date, **Records have not satisfied** the scheduled retention requirement. R***equesting destruction upon satisfaction.***)

☐ **PERMANENT RETENTION**

9. STATEMENT OF CERTIFICATION BY SUBMITTING OFFICIAL

I hereby certify that the records to be disposed of are correctly represented below in Item 10 and that any audit requirements for the records have been fully justified. As to the satisfaction of the mandated retention requirements, I have indicated the status of the listed records by placing a Check (√) in the appropriate box in Item 8.

_____ _____ _____/_____/____
Type or Print Name of Principal or (Department's) Administrator | Title | Signature | Date

10. LIST OF RECORDS FOR DISPOSAL *(Please Type Or Print Legibly)*

a. State Schedule No.	b. State Item No.	c. Title Of Records *(As Listed In The General Records Schedules, GS1-SL or GS7)*	d. Inclusive Dates Of Records Beginning Month/ Year	d. Ending Month/ Year	e. Retention Requirement (AY,CY,FY,YRS)	f. Volume In Cubic Feet *See GS7-P. viii*

(For RIM Use Only) DISPOSAL AUTHORIZATION AND DESTRUCTION CERTIFICATION

DISPOSAL AUTHORIZATION:
Disposal, Meaning Further Retention Or Destruction, For The Above Listed Records Is Authorized. Any Deletions Or Modifications Are Indicated.

_____ _____
DCPS Records Management Liaison Officer | Date

DESTRUCTION CERTIFICATION:
The Above Listed Records Have Been Destructed in The Manner And On The Date As Indicated Below.

_____ _____
DCPS Records Management Liaison Officer | Date

Method of Destruction

Destruction Date _____/_____/_____ ☐ **RECYCLE** ☐ **SHRED** ☐ **LANDFILL**