

**RECORDS DISPOSITION AUTHORIZATION –
TOWNS, MUNICIPALITIES, & BOARDS OF
EDUCATION**

Form RC-075 (Revised 12/2021)



STATE OF CONNECTICUT
Connecticut State Library
Office of the Public Records Administrator
231 Capitol Avenue, Hartford, CT 06106
<https://ctstatelibrary.org/publicrecords>

AUTHORITY: Connecticut towns, cities, boroughs, districts, municipalities, boards of education, and other political subdivisions of the state must use this form to obtain approval for disposition (destruction or transfer) of public records in accordance with CGS §11-8a and §7-109. All records proposed for disposition must be on an approved records retention schedule. If a record is not on a schedule, the record cannot be disposed; contact this office for further direction.

See Page 2 for instructions. Send completed form by email.

LOCAL GOVERNMENT ENTITY:	DEPARTMENT/UNIT/OFFICE:
RECORDS CUSTODIAN:	TITLE OF RECORDS CUSTODIAN:
RECORDS CUSTODIAN EMAIL ADDRESS (for return of form):	RECORDS CUSTODIAN PHONE:

TYPE OF REQUEST – Indicate one and sign the associated certification statement below:

<input type="radio"/> TRANSFER	I hereby certify that the records listed below are to be transferred to another entity. After approval, legal title and custody of the records listed below will be transferred to (include name and address):
<input type="radio"/> DESTRUCTION	I hereby certify that the records listed below have met the retention requirements as indicated on approved records retention schedules issued by the Office of the Public Records Administrator. No records listed, in my opinion, pertain to any pending case, claim, or action. If applicable, all relevant audit reports have been issued.

GOVERNMENT AUTHORIZATION	RECORDS CUSTODIAN (type or print):	RECORDS CUSTODIAN SIGNATURE:	DATE SIGNED:
	HEAD OF MUNICIPALITY (type or print):	HEAD OF MUNICIPALITY SIGNATURE:	DATE SIGNED:
EDUCATION AUTHORIZATION	SUPERINTENDENT OF SCHOOLS (type or print):	SUPERINTENDENT OF SCHOOLS SIGNATURE:	DATE SIGNED:

SCHEDULE & SERIES NUMBER (e.g. M1-080)	RECORDS SERIES TITLE	DATES OF RECORDS		VOLUME OF RECORDS	PROPOSED DATE OF DISPOSITION
		FROM	THRU		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

OFFICE USE ONLY — AUTHORIZATION EXCEPTIONS:	TOTAL VOLUME OF RECORDS	Email

APPROVED (Signature of State Archivist):	DATE SIGNED:	APPROVED (Signature of Public Records Administrator):	DATE SIGNED:
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