

<b>UNIVERSITY OF FLORIDA</b>		<b>RECORDS DISPOSITION REQUEST</b>			NO. _____	
					PAGE 1 OF ____ PAGES	
1. ADMINISTRATION/COLLEGE		2. DEPARTMENT/OFFICE			3. UNIT/PROGRAM	
4. ADDRESS (P.O. Box)			5. CONTACT (Name and Telephone Number)			
SUBMIT TO:  <b>Dennis E. Kozak    Ph: (352) 392-4180</b> <b>Director of Records Management</b> <b>University of Florida</b> <b>Box 112011</b> <b>Gainesville, FL 32611</b>			6. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.  <hr/> Signature _____ Date _____ <hr/> Name and Title _____			
7. RECORDS MG'MT, GENERAL COUSEL & ARCHIVAL REVIEW  RECORDS MG'MT _____ ARCHIVES _____  GENERAL COUNSEL			8. NOTICE OF INTENTION The scheduled records listed in Item 9 are to be disposed of in the manner checked below (specify only one):  <input type="checkbox"/> a. Destruction <input type="checkbox"/> b. Microfilming and Destruction <input type="checkbox"/> c. Optical Imaging(Scan) and Destroy <input type="checkbox"/> d. Copy to CD/Disk and Destroy <input type="checkbox"/> e. Transfer to (Check Appropriate Box): <input type="checkbox"/> UF Archives <input type="checkbox"/> State Archives  Other: _____			
<b>9. LIST OF RECORD SERIES</b>						
a. Schedule Item	b. Item No.	c. Title	d. Retention (Records Mg'mt Use Only)	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition <u>Action and Date</u> Completed After Authorization
10. DISPOSAL AUTHORIZATION (FOR RECORDS MANAGEMENT USE ONLY) Disposal for the above listed records is authorized. Any deletions or modifications are indicated.  <hr/> Director of Records Management _____ Date _____			11. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.  <hr/> Signature _____ Date _____ <hr/> Name and Title _____ <hr/> Witness _____ <b>NOTE: Upon disposition retain this form for your records</b>			

<b>UNIVERSITY OF FLORIDA</b>	<b>RECORDS DISPOSITION REQUEST (CONTINUED)</b>	NO. _____ PAGE _____ OF _____ PAGES
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9. LIST OF RECORD SERIES

a. Schedule Item	b. Item No.	c. Title	d. Retention (Records Mg'mt Use Only)	e. Inclusive Dates	f. Volume in Cubic Feet	g. Disposition <u>Action and Date</u> Completed After Authorization

## Instructions for Completing the Disposition Request Form

**Blocks 1 - 3. Administration/College, Department/Office, Unit/Program** - Identify the organization and the appropriate department, division, or clinic having responsibility for the records.

Examples:

Administration/College – College of Medicine  
Department/Office - Pediatrics  
Unit/Program - Cardiology

**Block 4. Address.** Enter the address of the person and entity submitting the form (use your campus box number). This is the address to which the request will be returned after review.

**Block 5. Contact.** Indicate the name and telephone number of the person immediately responsible for the maintenance and security of the records. This is the person to whom inquiries regarding the records will be directed.

**Block 6. Submitted by.** The signature, title, and date of an authorized person are required before the request will be processed.

**Block 7. Records Management, General Counsel & Archival Review.** For Records Management, General Counsel and Archives use only.

**Block 8. Notice of Intention.** Indicate the disposition method to be used for the records listed in Block 9.

**Block 9. List of Record Series.** Identify each of the record series for which you are seeking disposition approval:

Column (a.): Identify the schedule number, GS4, in this example, for Patient Medical Records.

Column (b.): Identify the item number, in this case #80.

If the records being listed are duplicates of original records, place the letter b. after the item number (example, 80b).

If there is no letter following the item number, it will be assumed that the record series you are listing is the original record copy.

Column (c.): Identify and list the exact title of the records that correspond to the schedule and item number(s) listed in columns (a. and b.). In this case, Patient Medical Records. Use the title(s) indicated in the General Schedule to prevent confusion during the approval process.

Column (d.) is for Records Management Office Use Only.

Column (e.): Identify the date range of the records to be disposed of. Example, (01/01/86 - 12/31/87).

Column (f.): Identify the number of cubic feet occupied by the records. For help in determining these numbers see [Records Volume Conversion to Cubic Foot Measurements](#) (below).

Column (g.): **To be completed only after the form has been approved and returned to the requestor.**

Indicate the disposition action taken and the date completed. Example: Recycled 7/2/2005.

**Block 10. Disposal Authorization.** For Records Management Use Only.

**Block 11. Disposal Certificate.** TO BE COMPLETED ONLY AFTER THE DISPOSITION REQUEST HAS BEEN APPROVED: Signatures and titles of both the records custodian or designee and a witness, indicating that the destruction or other disposition of the listed record series has been completed as indicated in column (g.).

### Records Volume Conversion to Cubic Foot Measurements

Cassette Tapes (200)	1.0 cu. ft.
Letter-size, drawer or box	1.5 cu. ft.
Legal-size, drawer or box	2.0 cu. ft.
Letter-size, 36" shelf	2.0 cu. ft.
Legal-size, 36" shelf	2.5 cu. ft.
Magnetic Tapes (12)	1.0 cu. ft.
3 x 5 card, ten 12" rows	1.0 cu. ft.
3 x 5 card, five 25 " rows	1.0 cu. ft.
4 x 6 card, six 12" rows	1.0 cu. ft.
5 x 8 card, four 12" rows	1.0 cu. ft.
Tab card, five 14 " boxes	1.0 cu. ft.
Tab card, three 24" boxes	1.0 cu. ft.