

**Records Management Program**  
**Records Disposition Authorization Form - Physical Records**

**Purpose**

This form authorizes records for disposition identified under DalCLASS in accordance with the Records Management Policy.

**Instructions:** Identify disposition type below. Complete separate forms for records identified for destruction or transfer to the archives. Forward completed forms to [DalRM@dal.ca](mailto:DalRM@dal.ca) for final authorization. After the unit receives final authorization, from the Records Management Office, it is the unit's responsibility to complete disposition. Refer to [records management procedures](#) for more detail. The Records Management Office will permanently retain final disposition authorizations. *Transitory records do not require disposition authorization.*

<b>Department / Unit:</b>	<b>Signing Authority</b>
	Name: _____
<b>Records Contact</b>	
Name: _____	Position/Title: _____
Position/Title: _____	Signature: _____
Contact (Email or Name): _____	Date Approved: _____

Description of Records		
Number of Boxes:	DalCLASS Codes:	Year Range
Box numbers		
<b>Select one:</b>	<input type="checkbox"/> Destruction	<input type="checkbox"/> Transfer to Archives
Summary of content		

**Associate Dean's Approval**

This authorizes that the records described and listed can be transferred to the Archives or sent for secure destruction as identified above.

Name: Sarah Stevenson, Associate Dean Archives, Records Management, & Special Collections      Signature: \_\_\_\_\_  
 Date: (YYYY/MMM/DD)

Confirmation of Secure Destruction or Certificate of Destruction (attached)      Date: (YYYY/MMM/DD)

Completed by:  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Witness:  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**RMO completion only**

RDA Number: YY-###

Archival Accession Number: YYYY-###