

**Records Management Program**  
**Records Disposition Authorization From**  
**Electronic 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><u>Department / Unit</u></b>	<b>Signing Authority</b>
	Name: _____
<b>Records Contact</b>	
Name: _____	Position/Title: _____
Position/Title: _____	Signature: _____
Contact (email or phone): _____	Date Approved: _____

Description of Records		
DalCLASS Codes:	Year Range	
Originating Storage Repository:		
<b>Select one</b>	Destruction	Transfer to Archives
Summary of records		

**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: Sara 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: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_