

**Records Management Program
Records Disposition Authorization Form**

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 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.*

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

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

University Archivist'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: Michael Moosberger, University Archivist 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: _____