

Sending Records to their

Final Destination





 DALHOUSIE
UNIVERSITY
Dalhousie Libraries

*"You will never reach your destination if you stop
and throw stones at every dog that barks."
Winston Churchill*

The Road to Disposition!



SA
SA
You have old records

Inventory records

Pit stop RMO

Hold

RDA

To RMO

Final Destination!!!!

Key:
SA = Signing Authority
RDA = Records Disposition Authorization
RMO = Records Management Office
= Planned route
= Unexpected route
Resources



Start - Signing Authority Form

This identifies those individuals authorized to review and authorize faculty or departmental administrative records. Signing authorities must identify records eligible for disposition that may:

- Be subject to an audit that is underway or pending
- Be subject to legal discovery in a legal matter that is underway or anticipated
- Be subject to a pending or ongoing investigation or review
- Pertain to an open application for access to records made under the FOIPOP Act
- Document financial obligations that have not yet been completed
- Document contractual obligations that have not expired or been fulfilled
- Have operational requirements for retention that have changed since records schedule approval

This signing authority can be the faculty or department head or an appropriate senior leader designated by the faculty or department head.

A signing authority form will identify:


- The official name of the faculty or department
- The name and title of authorized individual(s)
- Date authorized

All signing authorities will be **valid for three years** or when there is a change in signatories.

Signing Authority Forms should be submitted to the Records Management Program by email or campus mail.

Email:
dalrm@dal.ca

Address:
Dalhousie Libraries
6225 University Ave.
Killam Memorial Library 5th Fl
Dalhousie University
PO Box 15000

 **DALHOUSIE UNIVERSITY**
Dalhousie Libraries

**Records Management
Signing Authority Form**

Faculty or Department - Name
[Redacted]

Authorization:
(head of faculty or department)

Name (Print) [Redacted] **Position/Title (Print)** [Redacted]

Signature [Redacted] **Date YYYY/MM/DD** [Redacted]

I, the above signatory, hereby authorize the undersigned designate(s) the authority to authorize administrative records as per Dalhousie's records management disposition procedures.

Designate(s)	
For Unit: [Redacted]	For Unit: [Redacted]
Name (Print) [Redacted]	Name (Print) [Redacted]
Position/Title (Print) [Redacted]	Position/Title (Print) [Redacted]
Signature [Redacted]	Signature [Redacted]
Date YYYY/MM/DD [Redacted]	Date YYYY/MM/DD [Redacted]

This form will expire three years after date signed.
Submit additional forms for additional signatories.

Records Management Office Use Only
Office ID: [Redacted]
Recorded By: [Redacted]

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**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 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:	Name:
Position/Title:	Position/Title:
Contact (Email or Name):	Signature:
	Date Approved:

Description of Records		Year Range
Number of Boxes:	DalCLASS Codes:	
Box numbers		
Select one:	Destruction	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: ____/____/____

Confirmation of Secure Destruction or Certificate of Destruction (attached) **Date:** ____/____/____

Completed by: _____ **Witness:** _____

Name: _____ **Name:** _____

Signature: _____ **Signature:** _____

Record Disposition Authorization - Form For Physical Records



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 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
Records Contact	Name: _____
Name: _____	Position/Title: _____
Position/Title: _____	Signature: _____
Contact (email or phone): _____	Date Approved: _____

Description of Records		Year Range
DalCLASS Codes: _____		
Originating Storage Repository: _____		
Select one	Destruction <input type="checkbox"/>	Transfer to Archives <input type="checkbox"/>
Summary of records		

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: _____

RMO Completion only: RDA number YY-###

Witnessed by:

Name: _____

Signature: _____

Form created: 2022-01-07 rev: n/a

Record Disposition Authorization - Form For Electronic Records



SA
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Hold!....
It can't go yet...

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DALHOUSIE UNIVERSITY

Date Hold Applied:
By (Name):
Review Date:

Records Hold Form

Office of Responsibility

Name: Print

Title: Print

Date: YYYY/MM/DD

Unit: Print

Phone Number: _____

Reason for hold code chart	
1	Audit — underway or pending
2	Legal discovery — Legal matter underway or anticipated
3	FOIPOP — Open application
4	Financial — Obligations not yet complete
5	Contractual — Obligations not yet expired/fulfilled
6	Operational Requirement change — insufficient time frame listed in approved schedule
7	Operational Requirement change — disposition to be reviewed

Scope: This form identifies records that are eligible for disposition but are not authorized due to one or more reasons listed in the adjacent chart.

DalCLASS No.	Record Number	Record Title	Date to be reviewed (YYYY/MM/DD)	Reason Code

Unit Commitment

*The above-listed file/box(s) will not be intentionally or willfully destroyed or transferred out of the unit during the stated period without written authorization from the head of the responsible unit.

*It/they will be kept in a secure location and available for retrieval when required.
*The unit's Hold Procedures will be applied to the record(s).

I, the undersigned, understand that on the review date written above, the file/box(s) listed will be reevaluated for authorized disposition. If the file/box(s) still requires holding for one of the reasons listed above, the hold will be reinstated with an updated review date.

Signature: _____ Date: YYYY/MM/DD

Record Hold Form



RDA is signed and ready for final review !!!





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Final Destination - Approval



University Archivist reviews inventory for historical value to approve final destination.

• Destruction -

Physical - On site shredding can be organized by the Unit

Electronic - delete the records

Remember to sign the bottom of the RDA and return to RMO

• Transfer to the University Archives -

Boxes - Trucking can be requested to send boxes to the Archives.

Electronic Records - the logistics of Transferring to the Archives will be worked out with the RMO



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

Description of Records		Year Range
DalCLASS Codes: _____		
Originating Storage Repository: _____		
Select one	Destruction <input type="checkbox"/>	Transfer to Archives <input type="checkbox"/>
Summary of records		

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: CCYY/MMM/DD

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

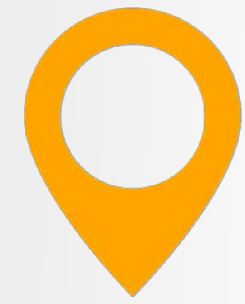
Completed by: _____ Witnessed by: _____

Name: _____ Name: _____

Signature: _____ Signature: _____

RMO Completion only: RDA number YY-### Form created: 2022-01-07 rev: n/a

Record Disposition Authorization - Final Destination



Contact

University Records
Manager -

Courtney Bayne

Courtney.bayne@dal.ca

RMO - DalRM@dal.ca





Feedback