



Request for Disposition of University Records

ROUTING
RMR, MSC 3FSA
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Phone 646-8324
Fax 646-1994

This form is to be used for disposition of records that have met their retention schedule. Each media type must be on a separate form. If you have any questions, please contact RMR Office (575) 646-8324 or visit <http://rmr.nmsu.edu/>. Send completed forms to RMR Office, e-mail to rmroffice@nmsu.edu, or fax a copy to (575) 646-1994.

SECTION 1: CONTACT INFORMATION

Name: _____ Department: _____

Phone: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Are Records confidential? Yes No Media Type: Paper Electronic Other (If Other, please specify CD/DVD etc. in the Remarks section.)

Disposition Log				
Line #	Record Classification No. and Title (and secondary description)	Retention Period	Quantity	Dates of Records (MM/YY - MM/YY)
1				
2				
3				
4				
Total Quantity				

Remarks:

SECTION 3: OFFICIAL APPROVAL

Contact's Printed Name: _____ Signature: _____ Date: _____

Department Authority/
Record Custodian Name: _____ Signature: _____ Date: _____

SECTION 4: TRANSFER OF CUSTODY TO RMR (To be completed at time of delivery of confidential records only.)

Transferred from: _____ Signature: _____ Date: _____

Received by: _____ RMR Signature: _____

SECTION 5: RMR DEPARTMENT USE ONLY		Condition Assessment: N/A	Passed on: _____	RMR Initials: _____
Request # : _____	SRCA #: _____	SRCA Approval Date: _____		
Destruction Method:	<input type="checkbox"/> Shred <input type="checkbox"/> Confidential	Transfer to Archives: <input type="checkbox"/> NMSU	<input type="checkbox"/> Delete Electronic Files	
Approved by RMR Office:		Date: _____	<input type="checkbox"/> NMSRCA	
Name: _____	Signature: _____	Date: _____		

E-mail

Reset