

**SC DEPARTMENT OF ARCHIVES & HISTORY  
AUTHORIZATION FOR DISPOSAL OF  
ORIGINAL PAPER RECORDS STORED AS  
DIGITAL IMAGES**

**RETURN TO:**  
SC Department of Archives & History  
Records Services Branch  
8301 Parklane Road  
Columbia, SC 29223-4905  
Telephone: 803-896-6132 FAX: 803-896-6138

**1. RECORD GROUP NUMBER:**

**INSTRUCTIONS**

1. Complete one form for each record series.
2. Complete all of Part I.
3. Under Part II, check box A or box B, as appropriate, and sign.
4. Send the form to the address at left.
5. Do not destroy the paper records until we return the form to you with Part III completed.
6. Upon receipt of the form, destroy the records, complete Part IV, and retain the form permanently to document the disposal.

**PART I - IDENTIFICATION OF RECORD**

2. Name of State Agency or Local Government	3. Name of the Division, Section, or Office
4. Record Series Title	5. Schedule Number
6. Inclusive dates of paper records to be destroyed	7. Cubic feet of records to be destroyed (estimate)
8. Retention period (If less than 10 years, check box A under Part II below. If 10 years or more, check box B.)	9. Is this a vital record? (Essential to the continuity of services during a disaster or to the restoration of daily business when it has been interrupted)  <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are security copies of the digital records and indexes being placed in off-site storage?  <input type="checkbox"/> YES <input type="checkbox"/> NO	11. If yes, where are the security copies being stored?
12. Name of Person Completing Part I	13 Telephone number

**PART II - CERTIFICATION**

**RECORDS WITH A RETENTION PERIOD OF LESS THAN 10 YEARS**

A.  I certify that I am authorized to act for my government body in the retention and disposition of records identified in Part I of this form and that the digital image records have been visually inspected and are legible and correct.

**RECORDS WITH A RETENTION PERIOD OF 10 YEARS OR MORE**

B.  I certify that I am authorized to act for my government body in the retention and disposition of records identified in Part I of this form and that my Agency or local government will comply with items 1-7 on page 2 of Public records information leaflet no. 13, *Public records stored as digital Images: policy statement* (revised 24 June 2005).

14. Name/title of authorized state agency or local government representative:	15. Signature:	16 Date
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**PART III - STATE ARCHIVES APPROVAL**

17. Disposal of the original (paper) records identified in Part I is  <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	18. Reason for non-approval
19. Signature of State Archives representative	20. Date

**PART IV - DISPOSAL VERIFICATION**

<i>I have properly disposed of the paper records identified in Part I</i>	
21. Signature of person disposing of records	22. Disposal date.