

RECORDS DISPOSITION AUTHORIZATION (UNSCHEDULED RECORDS ONLY)

1. Department	2. Dept. No.	3. Division	4. Agency Name	5. Agency ID No.
6. Location of Records (Street Address)		7. Contact Person		8. Contact Person Phone No.
<p>9. The records described below are authorized for destruction under AS 40.21.030(b)(10).</p> <p>These records:</p> <p>A. Are not covered by any current, approved records retention and disposition schedule(s) and; B. Have no further administrative, legal, fiscal, or audit values for this agency.</p>				
10. Confidentiality Restrictions				
<p>Are there confidentiality restrictions require special handling for the destruction of these records?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If yes, cite law or regulation which places confidentiality restrictions on these records:</p> <p><input type="checkbox"/> SOA Constitution Article 1, Section 22 <input type="checkbox"/> Other (please state):</p>				
11. Records Series Description (Brief description of what these records are)				12. Inclusive Dates
13. Method of Destruction				14. Number of Boxes
<p style="text-align: center;">Choose One:</p> <p> <input type="checkbox"/> Alaska Archives <input type="checkbox"/> REACH, Inc. <input type="checkbox"/> Shred Alaska <input type="checkbox"/> Other (please state): <input type="checkbox"/> AAA Archives <input type="checkbox"/> In-house </p>				
15. APPROVALS				
		Attorney General		Date
Division Director		Date	Commissioner of Administration	
Records Officer		Date	State Archivist	

