

## RECORDS DISPOSITION AUTHORIZATION (UNSCHEDULED RECORDS ONLY)

<b>1.</b> Department	<b>2.</b> Dept. No.	<b>3.</b> Division	<b>4.</b> Agency Name	<b>5.</b> Agency ID No.
<b>6.</b> Location of Records (Street Address)		<b>7.</b> Contact Person		<b>8.</b> Contact Person Phone No.
<p><b>9.</b> The records described below are authorized for destruction under AS 40.21.030(b)(10).</p> <p>These records:</p> <p><b>A.</b> Are not covered by any current, approved records retention and disposition schedule(s) and;  <b>B.</b> Have no further administrative, legal, fiscal, or audit values for this agency.</p>				
<b>10. Confidentiality Restrictions</b>				
<p>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>				
<b>11.</b> Records Series Description (Brief description of what these records are)				<b>12.</b> Inclusive Dates
<b>13. Method of Destruction</b> Choose One:				<b>14.</b> Number of Boxes
<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>				
<b>15. APPROVALS</b>				
		<b>Attorney General</b>	<b>Date</b>	
<b>Division Director</b>		<b>Date</b>	<b>Commissioner of Administration</b>	
<b>Records Officer</b>		<b>Date</b>	<b>State Archivist</b>	

No.	Section	Remarks	Example
1	Department	Enter your department's name	Education and Early Development
2	Dept. No.	Enter your departmental I.D. number	05
3	Division	Enter your division's name	Division of Early Development
4	Agency Name	Enter your agency's name	Early Development
5	Agency ID No.	Enter your agency's I.D. number	454
6	Location of Records	Enter the physical address where the records are being held.	
7	Contact Person	Enter the name of the person to contact regarding the disposal of records.	
8	Contact Person Phone No.	Enter the telephone number of the contact person.	
9	Authorization	Read the description to ensure the records meet the criteria for "unscheduled".	
10	Confidentiality Restrictions	<p>If the records are confidential then please check the appropriate box and cite the specific law or regulation which places confidentiality restrictions on these records. If not, check "No".</p> <p>Check the box if they are confidential under the State of Alaska Constitution, Article 1, Section 22</p>	19 AAC 65.391
11	Record Series Description	Briefly provide a description of the records to assist in a determination of value for the records.	
12	Inclusive Dates	Enter the inclusive dates covering all the records in that series due to be disposed of.	2006-2008
13	Method of Destruction	Please check the box for the contractor that you wish to use to dispose of the records detailed on the Records Disposition Authorization form.	
14	Number of boxes	Enter the total number of boxes of records due for disposal.	
15	Approvals	Before sending this form to the RIMS for approval, the Division Director and appropriate Records Officer must sign this form. Because the records are not covered by a records retention and disposition schedule, the RIMS will seek approval from the Office of the Attorney General and the Commissioner of Administration as well.	