

STATE OF ALASKA
 DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT
 ALASKA STATE ARCHIVES/RECORDS &
 INFORMATION MANAGEMENT SERVICE (ASA/RIMS)
 P.O. BOX 110525
 141 WILLOUGHBY AVENUE
 JUNEAU, ALASKA 99811-0525
 T: (907) 465-2317/2275
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Records Disposition Authorization Number

SHRED BIN DISPOSITION AUTHORIZATION (SDA)

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.

9. The records described below are authorized for destruction under AS 40.21.030(b)(10).

I confirm that:

1. These records have complied with the approved General Administrative Records Retention Schedule.
2. The only records being destroyed are:

Transitory & Miscellaneous Administrative Information and/or Drafts & Working Papers (please see the GARRS for retention periods).

10. Confidentiality Restrictions

Cite law or regulation which places confidentiality restrictions on these records:

SOA Constitution Article 1, Section 22 Other (please state):

11. Inclusive dates of destruction

This SDA is to cover:

- Calendar Year 20_____
- Fiscal Year 20_____

12. Method Of Destruction

Choose One:

- REACH, Inc.
 Alaska Archives
 Shred Alaska

13. APPROVALS

Division Director	Date	Records Officer	Date	State Archivist	Date

No.	Section	Remarks	Example
1	Department	Enter your department's name	Administration
2	Dept. No.	Enter your departmental I.D. number	05 (Education & Early Development)
3	Division	Enter your division's name	Division of Treasury
4	Agency Name	Enter your agency's name	State Assessor
5	Agency ID No.	Enter your agency's ID number - this number can be found on your agency's records retention schedule.	460
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	Records Being Destroyed	This section lists the records series that you are allowed to destroy using a shred bin.	
10	Confidentiality Restrictions	Please cite the specific law or regulation, which places confidentiality restrictions on these records. Check the box if they are confidential under the State of Alaska Constitution, Article 1, Section 22	AS 40.21.120
11	Inclusive Dates of Destruction	Please tick whether this SDA will cover your shred bins for a calendar or fiscal year. Enter the year that this SDA will be authorized for.	Calendar Year 2012
12	Method of Destruction	Please check the box for the contractor who is supplying you shred bins.	
13	Approvals	Before sending this form to the RIMS for approval, the Division Director and appropriate Records Officer must sign the form.	