

**STATE OF ALASKA**  
**DEPARTMENT OF EDUCATION AND EARLY DEVELOPMENT**

DIVISION OF LIBRARIES, ARCHIVES & MUSEUM  
 ALASKA STATE ARCHIVES | RECORDS AND INFORMATION MANAGEMENT

PO BOX 110571, Juneau, AK 99811-0571  
 395 Whittier Street, Juneau, AK 99801-1718  
 Phone: (907) 465-2317 or (907) 465-2276  
[rims@alaska.gov](mailto:rims@alaska.gov)

## INSTRUCTIONS FOR CERTIFICATE OF RECORDS DESTRUCTION FORM

FIELD NO.	FIELD TITLE	INSTRUCTIONS	EXAMPLE
1	Department	Enter your department's name	Administration
2	Dept. No.	Enter your departmental I.D. number	02
3	Division	Enter your division's name	Division of General Services
4	Agency Name	Enter your agency's name	Leasing Section
5	Agency ID No.	Enter your agency's I.D. number	48
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. This should be the same person who is filling out the form.	
8	Contact Person Phone No.	Enter the telephone number of the contact person.	
9	Authorization	Please check the appropriate boxes. The first box should always be checked.	
10	Confidentiality Restrictions	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".  Check the provided box if they are confidential under the State of Alaska Constitution, Article 1, Section 22.	AS 39.25.080 & 2 AAC 7.910(c)
11	RRDS No.	Enter the applicable records retention and disposition schedule (RRDS) number.	100.4 (This refers to the General Administrative Records Retention and Disposition Schedule or GARRDS).
12	Item No.	Enter the applicable item number from the referenced records retention schedule.	6.01

FIELD NO.	FIELD TITLE	INSTRUCTIONS	EXAMPLE
13	Record Series Title	This should match the records series title in the referenced RRDS in section 11.	Individual Personnel Files – Classified, Partially Exempt and Non-Permanent
14	Inclusive Dates	Enter the inclusive dates covering all the records in that series due to be disposed of.	2011
15	Records Transfer List No.	If applicable, enter the Records Transfer List number associated with these records. If the records have not been transferred to a records center, i.e. your agency still holds them, please enter "N/A".	N/A
16	Box No. or Barcode No.	If applicable, enter the box/barcode number given to you by the records center if the records were once held in off-site in a records center. If you hold the records within your agency, please enter "N/A".	N/A
17	Method of Destruction	Please check the box for the contractor that you wish to use to dispose of the records detailed on the Certificate of Destruction form.	
18	Number of boxes	Enter the total number of boxes of records due for disposal.	
19	Approvals	The Division Director and appropriate Records Officer must approved and sign this form prior to any destruction of records. If the records are not covered by a records retention schedule, please see the Records Disposition Authorization form (for unscheduled records only).	