



STATE OF LOUISIANA
SECRETARY OF STATE
 DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**
 SSARC 930 (R 1/12)

**TO: RECORDS MANAGEMENT SECTION
 DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY
 POST OFFICE BOX 94125
 BATON ROUGE, LA 70804-9125**

FOR ARCHIVES USE ONLY	
Your Disposal Authority Request has been:	
[] Approved _____	Received: _____
	Processed: _____
[] Rejected _____	Returned: _____
Reason: _____	

[] YES [] NO	Archives _____
[] YES [] NO	Rec Mgt _____
Method: [] DUMP [] SHRED [] RECYCLE [] BURN [] DELETE [] DeGAUSSE/ERASE [] CRUSH	

FROM:

1. AGENCY NAME

2. ADDRESS

3. NAME OF PERSON WITH WHOM TO CONFER 4. TELEPHONE NUMBER WITH AREA CODE 4A. E-MAIL ADDRESS

5. CERTIFICATE OF AGENCY REPRESENTATIVE:
 I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records and that the records described in this List or Schedule are proposed for disposal for the reason indicated:

A. The records have ceased to have sufficient value to warrant further retention.

B. The records will cease to have sufficient value to retain them after the date or event indicated.
 These records have been converted to Microfilm ; Digital Images.

DATE SIGNED SIGNATURE OF REPRESENTATIVE TITLE

6. Inclusive Dates	7. Description of Records (List Records Series Title if Records Appear on Agency Retention Schedule)