

SSARC-930e (09/2020)

APPLICATION FOR EXPEDITED PROCESS FOR REQUESTS FOR AUTHORITY TO DISPOSE OF RECORDS

Archives Use Only	
Electronic Records Survey No.:	Application Received:
Electronic Records Survey Expiration Date:	Decision: Yes No
Approved Retention Schedule: Yes No	Date Returned to Agency:

Agency Contact Information		
Agency / Division / Section:		
Address:		
Name of Records Officer:		
Phone:	Email:	

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 our agency will be transmitting disposal requests via email in the future for records that have been converted in accordance with our Electronic Records Survey or document conversion process for archival preservation. The records described in these requests proposed for disposal will be for the reason(s) indicated:

- □ Records have been converted to Digital Images
- □ Records have been converted to Microfilm
- \Box Records have a retention period of < 30 days.
- \Box Records have a retention period of < 3 years.

Signature of Agency Records Officer

Date Signed

APPROVED BY LOUISIANA STATE ARCHIVES: