

Please complete form and return to:
Ms. Liz Saraiva, Records Management Officer, Central Administration

Records Disposition

Government Unit: City School District of New Rochelle **Department:** _____

Contact Name: _____ **Phone Number/Ext:** _____

Location/Building: _____ **Floor/Room:** _____ **Box #** _____

Format:

- | | | | |
|--------------------------|------------------|--------------------------|------------------|
| <input type="checkbox"/> | Volume | <input type="checkbox"/> | Microfilm |
| <input type="checkbox"/> | Card File | <input type="checkbox"/> | Maps |
| <input type="checkbox"/> | Loose Paper | <input type="checkbox"/> | Engineer's Plans |
| <input type="checkbox"/> | Computer Output | | |
| <input type="checkbox"/> | Computer Records | <input type="checkbox"/> | Other _____ |

Description of Record(s):

Reason for Disposition: _____
(i.e. reached disposition date)

Please indicate method of disposition: Shredding or Recycling

Quantity:

No. of Cartons	_____	Length	_____	Width	_____	Height	_____
No. of Letter Drawers	_____	Length	_____	Width	_____	Height	_____
No. of Legal Drawers	_____	Length	_____	Width	_____	Height	_____
No. of Volumes	_____	Length	_____	Width	_____	Height	_____
No. of Card Drawers	_____	Length	_____	Width	_____	Height	_____
No. of Map Drawers	_____	Length	_____	Width	_____	Height	_____

Other: _____

Signature of Department Supervisor: _____ Date: _____

Print Name of Department Supervisor: _____

Approved by Records Mgmt. Officer: _____ Date: _____
Comments: _____
