

REQUEST FOR REMOVAL OF PUBLIC RECORDS PERSONAL DATA FILES

State Agencies

Form RC-077 (Revised 01/2010)



STATE OF CONNECTICUT

Connecticut State Library

Office of the Public Records Administrator

231 Capitol Avenue, Hartford, CT 06106

www.cslib.org/publicrecords

INSTRUCTIONS:

1. Use this form to request the removal / disposal of personal data under CGS §4-193(e), which states that an agency shall maintain information about a person which is relevant and necessary to accomplish the lawful purposes of the agency.
2. You *do not* need to attach a copy of the item to be disposed. Please accurately summarize the item on this form.
3. Fill-out the form completely and legibly and submit it to the above-listed address.

NOTE: Use the *Records Disposition Authorization* (Form RC-108) for records that fall within the retention requirements of the state agency records retention schedules.

AGENCY:	AUTHORIZED AGENCY OFFICIAL:	REQUEST DATE:
ADDRESS (<i>form will be returned to this address</i>):		PHONE:

SUMMARY OF REQUEST:

This information is no longer relevant or necessary to accomplish the lawful purposes of this state agency.

Explain:

Has the purpose of the personal data record(s) relating to the individual been satisfied? Yes No If NO, please explain:

Is there any legal action for which the personal data record(s) should be held? Yes No If YES, please explain:

Are there any claims pending for which the personal data records(s) relating to the individual should be held? Yes No If YES, please explain:

Has the administrative value of the personal data record(s) to the agency been satisfied? Yes No If NO, please explain:

Is there any fiscal value of the personal data records(s) of the individual for which the record(s) should be held? Yes No If YES, please explain:

AGENCY AUTHORIZATION	I hereby certify that the above statements are true and that no record(s) listed, in our opinion, pertain(s) to any pending or foreseeable case, claim, or action for which the statute of limitation has not run out.		
	AUTHORIZED AGENCY OFFICIAL <i>(type or print):</i>	SIGNATURE <i>(in presence of Notary Public):</i>	
Subscribed and sworn to before me:	SIGNED <i>(Notary Public):</i>	DATE:	SEAL:
PUBLIC RECORDS AUTHORIZATION	APPROVED <i>(Public Records Administrator):</i>	DATE:	
	APPROVED <i>(State Archivist):</i>	DATE:	