

**RECORDS DISPOSAL AUTHORIZATION  
STATE AGENCIES**

Form RC-108 (Revised 11/2008)



**STATE OF CONNECTICUT  
Connecticut State Library  
Office of the Public Records Administrator**  
231 Capitol Avenue, Hartford, CT, 06106  
[www.cslib.org/publicrecords](http://www.cslib.org/publicrecords)

**INSTRUCTIONS:**

1. Use this form to obtain approval to dispose of public records pursuant to *Connecticut General Statutes* Sec. 11-8a.
2. All records must be on an approved records retention schedule. If necessary, use additional forms; each form must be signed; please fill-out the form completely and legibly and submit it to the Office of the Public Records Administrator **at least 20 days prior** to the proposed date of destruction.

| <b>AGENCY:</b>   |                                  | <b>AGENCY ADDRESS:</b> |                  | <b>RMLO (type or print):</b>          |   | <b>Page of</b>            |   |              |
|--|----------------------------------|------------------------|------------------|---------------------------------------|---|---------------------------|---|--------------|
| <b>DIVISION / UNIT:</b>  |                                  | <b>RMLO PHONE:</b>     |                  | <b>TITLE OF RMLO (type or print):</b> |   |                           |   |              |
| <b>I hereby certify that the records listed below have met the retention requirements established by the Public Records Administrator in the form of an approved records retention schedule. No records listed, in our opinion, pertain to any pending case, claim, or action.</b> |                                  |                        |                  | <b>APPROVED (Signature of RMLO):</b>  |   | <b>DATE:</b>              |   |              |
| SCHEDULE NUMBER<br><i>(e.g., 08-1-1)</i>   | ITEM NUMBER<br><i>(e.g., 14)</i> | RECORD SERIES TITLE    | DATES OF RECORDS |                                       | VOLUME OF RECORDS<br><i>(1 box is appx. 1.0 cubic feet)</i> | PROPOSED DATE OF DISPOSAL | DO NOT DESTROY<br><i>(staff use only)</i> |              |
|  |                                  |                        | FROM             | TO                                    |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
|  |                                  |                        |                  |                                       |   |                           |   |              |
| <b>APPROVED (State Archivist):</b>   |                                  |                        | <b>DATE:</b>     |                                       | <b>APPROVED (Public Records Administrator):</b>             |                           |   | <b>DATE:</b> |