RECORDS DISPOSITION AUTHORIZATION
FOR COUNTY GOVERNMENT RECORDS*

County: _______________________________________________________________________
Office or Agency: __________________________ Phone: ___________________________
Address: _______________________________________________________________________
Agency Head/Officeholder: _______________________________________________________
Signature: __________________________ Date: __________________________

Action Requested:
☐ Continuing Records Disposition Authority (Records Disposition Schedule) 1
☐ One-Time Records Disposition Authority 2
☐ Revision of/Exception to Existing Records Disposition Authority 3
☐ Other Disposition (explain in attached memorandum) 4

Title/Description of Records: 5 _____________________________________________________
CTAS Code: 6 ___________________________________________________________________
Date Span of Records (e.g. 1988-1998): _________________________________________
Volume of Material (e.g. 25 cubic feet, 3 banker’s boxes, 1 Hollinger box): ____________

Proposed Disposition: 7
☐ Retain ____ months/years, then destroy.
☐ Retain ____ months/years, then film and destroy paper copy (or erase from computer record).
☐ Retain ____ months/years, then transfer to archives.

☐ Approved ☐ Not Approved

______________________________ __________________________
Chairperson, Public Records Commission Date

*For the disposition of additional records, please use the supplemental form provided.
Please use the following instructions to correctly fill out the RDA form.

1 A Continuing RDA is used for a type of record(s) that an office continually creates and, thus will continually need to destroy. Once a Continuing RDA has been approved, this record type can be destroyed after its retention period without having to submit another request.

2 This is a one-time request for records that an office does not typically or continually create. If an office wants to destroy the same type of records at a later date, another request must be submitted.

3 This option allows for a change to an existing RDA that an office has submitted, due to legal or historical or other reason. Be sure to include an explanation for the change.

4 Use this option in circumstances where an office needs to destroy a record sooner that CTAS prescribes or that no CTAS disposition is provided at all and the office would like to create one. Be sure to include an explanation of your actions.

5 Please write the name or a brief description of the type of record you are requesting action on (e.g. warrants, ballots).

6 Use the five-digit CTAS code that corresponds with the record type listed in the Records Management for County Government manual.

7 This information can be found in the CTAS manual next to the five-digit code and description of record, telling how long an office should keep the record (based on the legal retention schedule) and what an office will do with the record after that period has expired.

For any questions concerning this form or the procedures for using this form, please contact Dr. Wayne C. Moore, Assistant State Archivist
Tennessee State Library and Archives
(615) 253-3458
Wayne.Moore@state.tn.us
SUPPLEMENTAL REQUESTS FOR ADDITIONAL RECORDS DISPOSITIONS
(Page ___ of ___)

Action Requested:
☐ Continuing Records Disposition Authority (Records Disposition Schedule)
☐ One-Time Records Disposition Authority
☐ Revision of/Exception to Existing Records Disposition Authority

☐ Other Disposition (explain in attached memorandum)
Title/Description of Records: ____________________________________________________
CTAS Code: __________________________________________________________________

Proposed Disposition:
☐ Retain ______ months/years, then destroy.
☐ Retain ______ months/years, then microfilm and destroy original.
☐ Retain ______ months/years, then transfer to archives.

Action Requested:
☐ Continuing Records Disposition Authority (Records Disposition Schedule)
☐ One-Time Records Disposition Authority
☐ Revision of/Exception to Existing Records Disposition Authority

☐ Other Disposition (explain in attached memorandum)
Title/Description of Records: ____________________________________________________
CTAS Code: __________________________________________________________________

Proposed Disposition:
☐ Retain ______ months/years, then destroy.
☐ Retain ______ months/years, then microfilm and destroy original.
☐ Retain ______ months/years, then transfer to archives.

Action Requested:
☐ Continuing Records Disposition Authority (Records Disposition Schedule)
☐ One-Time Records Disposition Authority
☐ Revision of/Exception to Existing Records Disposition Authority

☐ Other Disposition (explain in attached memorandum)
Title/Description of Records: ____________________________________________________
CTAS Code: __________________________________________________________________

Proposed Disposition:
☐ Retain ______ months/years, then destroy.
☐ Retain ______ months/years, then microfilm and destroy original.
☐ Retain ______ months/years, then transfer to archives.