

CERTIFICATE OF RECORDS DISPOSITION FOR INFORMATION SYSTEMS RECORDS Form RC-109 (Revised 11/2011)		STATE OF CONNECTICUT Connecticut State Library Office of the Public Records Administrator 231 Capitol Avenue, Hartford, CT 06106 www.cslib.org/publicrecords
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AUTHORITY: State agencies in the Executive branch and certain quasi-public agencies must use this form to obtain approval for disposition of public records listed on the *State Agencies' Records Schedule S6: Information Systems Records* and in accordance with CGS §11-8a. Note that for all other records series, the agency must submit a *Records Disposition Authorization* (Form RC-108) for approval prior to disposition. All records proposed for disposition must be on an approved records retention schedule. If a record is not on a schedule, the record cannot be destroyed; contact this office for further direction.

INSTRUCTIONS: Fill out the form completely and legibly and submit it to this office **by December 15th** of the current year for the next calendar year (e.g., submit by December 15, 2011 for 2012). The form must be signed by the Information Technology Manager or Designated IT Employee and the Records Management Liaison Officer (RMLO). After approval by the State Archivist and the Public Records Administrator, a copy of the approved certificate will be returned to the RMLO, as indicated below. Records may not be destroyed until the agency has received the signed Certificate.

AGENCY:	DIVISION / UNIT:
RMLO ADDRESS (for return of form):	
RMLO PHONE:	RMLO E-MAIL:

CERTIFICATE OF COMPLIANCE

I hereby certify that for the period January 1, _____ to December 31, _____, this agency will meet the retention and disposition requirements as indicated on the *State Agencies' Records Schedule S6: Information Systems Records* issued by the Office of the Public Records Administrator and denoted as "Destroy in agreement with *Certificate of Records Disposition for Information Systems Records* (Form RC-109)." No records, in my opinion, pertaining to any pending case, claim, or action will be destroyed.

INFORMATION TECHNOLOGY MANAGER OR DESIGNATED IT EMPLOYEE (type or print):	JOB TITLE:	
INFORMATION TECHNOLOGY MANAGER OR DESIGNATED IT EMPLOYEE SIGNATURE:	DATE SIGNED:	PHONE:
RMLO (type or print):	JOB TITLE:	
RMLO SIGNATURE:	DATE SIGNED:	PHONE:

CERTIFICATE REVIEW <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Reason for Denial (if applicable):	
STATE ARCHIVIST (type or print):	SIGNATURE:	DATE SIGNED:
PUBLIC RECORDS ADMINISTRATOR (type or print):	SIGNATURE:	DATE SIGNED: