

**RECORDS DISPOSITION AUTHORIZATION –
STATE AGENCIES**

Form RC-108 (Revised 11/2024)



STATE OF CONNECTICUT
Connecticut State Library
Office of the Public Records Administrator 231 Capitol
Avenue, Hartford, CT 06106
<https://portal.ct.gov/csl/departments/public-records>

AUTHORITY: State agencies in the Executive branch and certain quasi-public agencies must use this form to obtain approval for disposition (destruction or transfer) of public records in accordance with CGS §11-8a. All records proposed for disposition must be on an approved records retention schedule. If a record is not on a schedule, contact this office for further direction.

INSTRUCTIONS:

1. Use this form to request authorization to destroy or transfer records (hard copy or electronic).
2. Fill out the form completely and legibly and email form to CSL.Disposition@ct.gov
3. The form must be signed by the Records Custodian and Records Management Liaison Officer (RMLO).
4. After approval by the State Archivist and the Public Records Administrator, a copy of the approved Authorization will be returned to the RMLO. Records may not be destroyed until the agency has received the signed Authorization.
5. At the time of disposal, the RMLO should record the actual date of disposition, attach any related supporting documentation (e.g., Certificate of Destruction or Transfer Agreement), and retain pursuant to ADMIN-059. Hard copy records should be destroyed by shredding.

STATE AGENCY:	DIVISION / UNIT:	RMLO EMAIL ADDRESS <i>(for return of form):</i>
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TYPE OF REQUEST – Indicate one and sign the associated certification statement below:

<input type="checkbox"/> TRANSFER Legal & Physical Custody	<input type="checkbox"/> TRANSFER Physical Custody ONLY	I hereby certify that the records listed below are to be transferred to another entity. Entity name and address:
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<input type="checkbox"/> DESTRUCTION	I hereby certify that the records listed below have met the retention requirements as indicated on approved records retention schedules issued by the Office of the Public Records Administrator. No records listed, in my opinion, pertain to any pending case, claim, or action. If applicable, all relevant audit reports have been issued.
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RECORDS CUSTODIAN:	JOB TITLE OF RECORDS CUSTODIAN:	RECORDS CUSTODIAN SIGNATURE:	DATE SIGNED:	PHONE:
RMLO:	JOB TITLE OF RMLO:	RMLO SIGNATURE:	DATE SIGNED:	PHONE:

RECORD SERIES NUMBER <i>(e.g. ADMIN-015 or DAS-01-001)</i>	RECORDS SERIES TITLE	DATES OF RECORDS		VOLUME OF RECORDS	PROPOSED DATE OF DISPOSITION*
		FROM	THRU		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

OFFICE USE ONLY — AUTHORIZATION EXCEPTIONS:	TOTAL VOLUME OF RECORDS	
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APPROVED <i>(Signature of State Archivist):</i>	DATE SIGNED:	APPROVED <i>(Signature of Public Records Administrator):</i>	DATE SIGNED:
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***Destroy on or after Proposed Date of Disposition**