

**RECORDS DISPOSITION AUTHORIZATION –
STATE AGENCIES**

Form RC-108 (Revised 12/2021)



STATE OF CONNECTICUT
Connecticut State Library
Office of the Public Records Administrator
231 Capitol Avenue, Hartford, CT 06106
<https://ctstatelibrary.org/publicrecords>

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, the record cannot be disposed; contact this office for further direction.

See Page 2 for instructions. Send completed form by email.

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:

TRANSFER	I hereby certify that the records listed below are to be transferred to another entity. After approval, legal title and custody of the records listed below will be transferred to (include name and address):
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.

RECORDS CUSTODIAN <i>(type or print):</i>	JOB TITLE OF RECORDS CUSTODIAN <i>(type or print):</i>	RECORDS CUSTODIAN SIGNATURE:	DATE SIGNED:	PHONE:
RMLO <i>(type or print):</i>	JOB TITLE OF RMLO <i>(type or print):</i>	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

APPROVED <i>(Signature of State Archivist):</i>	DATE SIGNED:	APPROVED <i>(Signature of Public Records Administrator):</i>	DATE SIGNED:
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Form RC-108 Instructions

Records Disposition Authorization—State Agencies

Fill out the form completely and legibly and email to csl.disposition@ct.gov or by using the above Email button. Do **NOT** send a duplicate hard copy via mail. The signed form will be returned to the RMLO via email after review.

Do **NOT** use the Adobe Fill & Sign tool (pen icon). Type names into text fields on form and signatures will appear in cursive font.

Each form must be signed by the Records Custodian and the Records Management Liaison Officer (RMLO). If the RMLO is the Records Custodian, only the RMLO's signature is required.

Each line should contain only one record series. Each line should include:

1. Record Series ID # (from State General or Agency Specific Retention Schedule)
2. Record Series Title (from State General or Agency Specific Retention Schedule)
3. Date Range of Records (may include multiple years in one row)
4. Volume of records (in cubic feet, megabytes, or gigabytes)—**include total volume** (bottom of page)
5. Proposed date of disposition

If additional rows are needed, use additional forms.

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.

Contact csl.disposition@ct.gov or (860) 757-6540 with any questions

Resources:

- [State Records Management Program](#)
- [Disposition of Public Records](#)
- [State General Retention Schedules](#)
- [State Agency Specific Retention Schedules](#)
- [Guide for Measuring Volume of Records](#)
- [Using Adobe fillable pdf online forms](#)