

Records Retention / Disposition Authorization

<ul style="list-style-type: none"> In accordance with Wis. Stat. § 16.61, this form must be completed and approved by the Agency and the Public Records Board (PRB) within one year of creation of the records series and prior to disposition of any public record. Agency Records Officer: Forward original to the PRB. Maintain an agency copy during the PRB review process. 	1. RDA #	2. Record Series Title										
	3. RDA Status (Check One): <input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Renewal											
	4. Agency #:	5. Unit #:										
	6. Agency Name											
Division Name												
Subdivision Name												
7. Record Series Year of Creation	8. Medium for Records Storage (Check all appropriate) <input type="checkbox"/> Electronic/Digital <input type="checkbox"/> Microform <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____											
9. Retention Time Period - Specify Actual Period <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border-right: 1px dashed black;">Yrs</td> <td style="width: 12.5%; border-right: 1px dashed black;">Mo</td> <td style="width: 12.5%; border-right: 1px dashed black;">Wks</td> <td style="width: 12.5%; border-right: 1px dashed black;">Days</td> <td style="width: 12.5%;">Permanent*</td> </tr> <tr> <td style="border-right: 1px dashed black; text-align: center;"> </td> <td style="border-right: 1px dashed black; text-align: center;"> </td> <td style="border-right: 1px dashed black; text-align: center;"> </td> <td style="border-right: 1px dashed black; text-align: center;"> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yrs	Mo	Wks	Days	Permanent*					<input type="checkbox"/>	10. Event that Initiates the Start of the Retention Time Period (Check One) Creation Fiscal Other (Specify) <input type="checkbox"/> (CR) <input type="checkbox"/> (FIS) <input type="checkbox"/>
Yrs	Mo	Wks	Days	Permanent*								
				<input type="checkbox"/>								
*If selecting Permanent, cite supporting statute, code, other legal authority, or sufficient justification in Box 12, Record Series Description.												
11. Disposition (Check One): <input type="checkbox"/> Destroy <input type="checkbox"/> Destroy Confidential <input type="checkbox"/> Transfer - State Archives (WHS) <input type="checkbox"/> Transfer - UW Archives <input type="checkbox"/> Transfer - Other Location (Specify): _____												
12. Records Series Description												

13. Records Contain Personally Identifiable Information (PII): <input type="checkbox"/> Yes <input type="checkbox"/> No	14. PII Registry Exemptions (Check YES if PII is exempted): <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Name of Agency <input type="checkbox"/> Program Contact or <input type="checkbox"/> Records Officer: _____ Telephone: _____ Email _____	
16. Records Series Contains Content that is Confidential or Access is Protected: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter Statute/Code/ or explain other Legal Authority in Box 12, Record Series Description.	

17. APPROVAL SIGNATURES

Agency Official	Date (mm/dd/ccyy)	Agency Records Officer	Date (mm/dd/ccyy)
PUBLIC RECORDS BOARD APPROVAL – Authorization is contingent on restrictions to record destruction contained in Wis. Stat. § 19.35(5), (Open Records Law), and that no records are destroyed if litigation or audit involving these records has commenced or is anticipated.			
State Archivist	Date (mm/dd/ccyy)	Executive Secretary – PRB	Date (mm/dd/ccyy)

Approval subject to 10-year sunset per Wis. Stat. § 16.61(4)(c). Action required before: _____