**Request for Disposal of Unscheduled Records**

**COLLEGE/UNIVERSITY INFORMATION**

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|  | Requestor Name and College/University |
|  |  |
|  | College/University Department/Office/Unit |
|  |  |
|  | Phone and email |
|  |  |
|  | Mailing Address |

In accordance with the provisions of G.S. § 121 and § 132, approval is requested for the destruction of records listed below. These records have no further use or value for official administrative, fiscal, historical, or legal purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Records Title****and Description** | **Inclusive Dates** | **Quantity** | **Relevant Statutory Regulations** | **Proposed Retention Period** |
|       |       |       |       |       |
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| Requested by: Signature | Title | Date |
| Approved by: |  |  |   |
| Signature | Requestor’s Supervisor  | Date |
| Concurred by: |  |  |  |
| Signature | Assistant Records Administrator State Archives of North Carolina | Date |