**Request for Disposal of Unscheduled Records**

**AGENCY INFORMATION**

|  |  |
| --- | --- |
|  |  |
|  | Requestor name |
|  |  |
|  | Location and Agency [e.g., County/Municipality + Department of Social Services] |
|  |  |
|  | 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Records Title**  **and Description** | | **Inclusive Dates** | | **Quantity** | **Relevant Statutory Regulations** | | **ProposedRetention 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 | |