STATE OF ILLINOIS
RECORDS DISPOSAL CERTIFICATE

APPLICATION FOR AUTHORITY
TO DISPOSE OF STATE RECORDS

#_____

To:

Office of the Secretary of State
State Records Commission
Illinois State Archives
Springfield, IL 62756

From:

_____
Agency

_____
Division, Bureau, Section

_____
Address

ITEM NUMBER ON APPLICATION	TITLE OF RECORD SERIES ON APPLICATION	INCLUSIVE DATES OF RECORD	CUBIC FEET TO BE DESTROYED

DIRECTIONS

1. Prepare one original and two carbons. Send the original and one carbon to the State Records Commission thirty (30) days prior to the disposal date. Retain one carbon for your file.

2. Do not dispose of materials until one copy is returned to your agency signed by the Chairman of the State Records Commission, in compliance with Section 4400.40(b) of the rules of the State Records Commission.

I hereby certify that in compliance with the above referenced application #_____, received from the State Records Commission, the records listed above will be disposed of on or after _____.

_____
Signature Date

_____
Title

APPROVED:

_____
Chairman, State Records Commission Date
Director, Illinois State Archives