**Record Disposition Authorization Form**

|  |  |
| --- | --- |
| **File #:** |  |
| **Department, Faculty or Office:** |  |
| **Name of Contact:** |  |
| **Telephone/email:** |  |
| **Date:** |  |

# Section A: Eligible Records

*To be completed by Responsible Unit. Insert additional rows if necessary*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Quantity** | **Trigger Date Range** | **Eligibility Threshold** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|[ ]  Detailed record listing attached |  |
| **With respect to these records:** |  |
| Are there other copies of these records? | Yes [ ]  | No [ ]  |  |
| Are these electronic records? | Yes [ ]  | No [ ]  |  |
| Are you aware of any ongoing Records Hold, audit, investigation, or litigation involving these records? Describe below. | Yes [ ]  | No [ ]  |  |
|  |  |

# Section B: Legal Review of Eligible Records

*To be completed by the Office of the University Secretary and General Counsel*

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| With respect to these records, I have reviewed the disposition form, and I am satisfied that there is: |
|[ ]  No existing Litigation Hold in respect to these documents. |
|[ ]  No ongoing proceeding, claim or other legal matter involving these documents. |
|[ ]  No anticipated potential proceeding, claim or other legal matter likely to involve these documents. |
|[ ]  No ongoing or anticipated access to information requests involving these documents. |
| The following records are subject to a Records Hold and must be preserved until further notice: |
|[ ]  All records |
|[ ]  No records |
|[ ]  Some records (describe below) |
|  |  |
|  |
| Completed by (name): |  |
| Signature: |  |
| Date: |  |

# Section C: Approval

*To be completed by Disposition Authority*

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| --- |
| With respect to these records, there is |
|[ ]  No existing Records Hold, audit, or other operational needs preventing disposition. |
|[ ]  No ongoing proceeding, claim or other legal matter involving these documents. |
|  |
| Approved by (name): |  |
| Title: |  |
| Signature: |  |
| Date: |  |

# Section D: Disposition

*To be completed by staff completing or witnessing disposition*

|  |  |
| --- | --- |
| Disposition method: |  |
| Completed by (name): |  |
| Signature: |  |
| Date completed: |  |
| If disposition involves transfer to a 3rd party for retention or destruction, please complete the following section and attach a certificate of destruction or a transfer receipt. |
| Witness to transfer: |  |
| Date of transfer: |  |

# Section E: Changes to Recordkeeping

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| Complete this section if there have been changes to recordkeeping requirements in your unit over the past year. Changes may include:1. Changes to legislation or regulations
2. Directions from professional or accreditation bodies
3. Changes to information systems used in your unit
4. New or changed responsibility for keeping certain records

Please include copies of any reference material that will support a review of Record Series.  |
| Description of changes: |  |
| Affected records series: |  |
| Record Authority for affected records series: |  |
| Contact person for records series review: |  |

Please submit this form electronically to the recordsmanagement@ontariotechu.ca