



# Request for Disposition of University Records

**ROUTING**  
RMR, MSC 3FSA  
rmroffice@nmsu.edu  
Phone 646-8324  
Fax 646-1994

This form is to be used for disposition of records that have met their retention schedule. Each media type must be on a separate form. If you have any questions, please contact RMR Office (575) 646-8324 or visit <http://rmr.nmsu.edu/>. Send completed forms to RMR Office, e-mail to [rmroffice@nmsu.edu](mailto:rmroffice@nmsu.edu), or fax a copy to (575) 646-1994.

## SECTION 1: CONTACT INFORMATION

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Are Records confidential?  Yes  No      Media Type:      Paper      Electronic      Other (If Other, please specify CD/DVD etc. in the Remarks section.)

| Disposition Log |  |                  |          |                                     |
|-----------------|--|------------------|----------|-------------------------------------|
| Line #          | Record Classification No. and Title<br>(and secondary description) | Retention Period | Quantity | Dates of Records<br>(MM/YY - MM/YY) |
| 1               |  |                  |          |                                     |
| 2               |  |                  |          |                                     |
| 3               |  |                  |          |                                     |
| 4               |  |                  |          |                                     |
| Total Quantity  |  |                  |          |                                     |

Remarks:

## SECTION 3: OFFICIAL APPROVAL

Contact's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Authority/  
Record Custodian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: TRANSFER OF CUSTODY TO RMR (To be completed at time of delivery of confidential records only.)

Transferred from: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ RMR Signature: \_\_\_\_\_

| SECTION 5: RMR DEPARTMENT USE ONLY |  | Condition Assessment: N/A                           | Passed on: _____                                 | RMR Initials: _____ |
|------------------------------------|--|---|--|---------------------|
| Request # : _____                  | SRCA #: _____  | SRCA Approval Date: _____                           |  |                     |
| <b>Destruction Method:</b>         | <input type="checkbox"/> Shred <input type="checkbox"/> Confidential | Transfer to Archives: <input type="checkbox"/> NMSU | <input type="checkbox"/> Delete Electronic Files |                     |
| <b>Approved by RMR Office:</b>     |  | Date: _____   | <input type="checkbox"/> NMSRCA                  |                     |
| Name: _____                        | Signature: _____   | Date: _____   |  |                     |

E-mail

Reset