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| 1. Administration/College College of Dentistry | 2. Department/Office/Program Restorative Dental Sciences |
| 3. Mailing Address/P.O. Box 100415 | 4. Contact (Name & Telephone or Email) Sam Smith / 555-5555 |
| 5. Method of Disposal The record series listed in Box 7 are to be disposed of in the manner indicated below. Only one option may be selected per form. <input checked="" type="checkbox"/> a. Destroy <input type="checkbox"/> b. Scan & Destroy <input type="checkbox"/> c. Transfer to UF Archives <input type="checkbox"/> d. Other Method (please specify below): | 6. Submitted and Authorized By: I certify that the records to be disposed of are correctly represented, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent. <div style="text-align: right;"> _____ 7/16/2022 Signature Date </div> Name & Title (please print): Sam Smith – Administrative Assistant |
| RM Review: _____ Archives Review: _____ Other Review: _____ Office: _____ Approval: _____ | |

| 7. List of Record Series | | | | | | |
|--------------------------------------|---------------------------|---|--------------------|--------------------|----------------------------|--|
| A. Schedule Identifier (e.g. GS1-SL) | B. Item Number (e.g. #80) | C. Retention Schedule Title (e.g. Grant Files: Recipient) | D. Inclusive Dates | E. Volume | F. Retention (RM Use Only) | G. Disposition Action & Date Completed |
| GS5 | #34 | Course and Program Records: Professor/Department Files | 7/1/2017-6/30/2019 | 1 GB | | |
| GS5 | #238 | Public Program/Event Records | 7/1/2014-6/30/2015 | 3 VHS tapes & 4 GB | | |

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| 8. Disposal Authorization (RM USE ONLY) Disposal for the records listed above is authorized. Any corrections or modifications are indicated on this document appropriately. _____ Date Sara Kiszka, University Records Manager (352) 273-2678 lib-recordmanagement@uflib.ufl.edu P.O. Box 117005 Smathers Library Gainesville, FL 32611-7005 | 9. Certification of Disposal The above listed records have been disposed of in the manner and on the date shown in Box 7, Column G. _____ Date Signature Name & Title (please print): _____ Witness Affiliation |
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