



Records Disposition Request and Authorization Form

Dear Reader:

The following document was created from the MTAS website ([mtas.tennessee.edu](https://www.mtas.tennessee.edu)). This website is maintained daily by MTAS staff and seeks to represent the most current information regarding issues relative to Tennessee municipal government.

We hope this information will be useful to you; reference to it will assist you with many of the questions that will arise in your tenure with municipal government. However, the *Tennessee Code Annotated* and other relevant laws or regulations should always be consulted before any action is taken based upon the contents of this document.

Please feel free to contact us if you have questions or comments regarding this information or any other MTAS website material.

Sincerely,

The University of Tennessee
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Reference Number: MTAS-712



RECORDS DISPOSITION REQUEST AND AUTHORIZATION FORM

Name of person requesting disposition authority: _____

Title: _____

Action requested: One-time records disposition authority
 Continuous records disposition authority based upon retention schedule
 Other disposition authority (explain) _____

For one-time authority, describe records: _____

Record group and series title: _____

Date span of records: _____ Volume: _____

Proposed disposition (cite pertinent guidance in MTAS Retention Schedule): _____

Signature of person making request: _____

Approved Not approved

Chairperson of Records Commission
(or, official with authority for records disposition)

Date

DISCLAIMER: The letters and publications written by the MTAS consultants were written based upon the law at the time and/or a specific sets of facts. The laws referenced in the letters and publications may have changed and/or the technical advice provided may not be applicable to your city or circumstances. Always consult with your city attorney or an MTAS consultant before taking any action based on information contained in this website.

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INSTITUTE *for* PUBLIC SERVICE