Records Disposition Request and Authorization Form

Dear Reader:

The following document was created from the MTAS website (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
Municipal Technical Advisory Service
1610 University Avenue
Knoxville, TN 37921-6741
865-974-0411 phone
865-974-0423 fax
www.mtas.tennessee.edu
Table of Contents

Records Disposition Request and Authorization Form ................................................................. 3
Records Disposition Request and Authorization Form

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 Date
(official with authority for records disposition)

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.