

## Request for Disposition of University Records - Instructions

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### Instructions

1. Enter Contact Name (who will be able to answer any questions we may have).
2. Enter Department name.
3. Enter Area Code and Telephone number.
4. Enter E-mail address (for Contact).
5. Indicate if the records are confidential or sensitive. Do the records contain unique identifying data such as a social security number or any other personal information? Please see (<http://rmr.nmsu.edu/faq-records/#A2>) for more information.
6. Check the media type(s) that apply to request; paper, cd/dvd, tape, etc. If more than one media type is checked, select the type of media (P, C, T, etc.) from the Media Type dropdown menu for each record series.

Note: If there are multiple types of media with the same record series, list each on a separate line.

- For media types C or E, provide the additional information in the table above **Remarks** section:
    - a. # of folders
    - b. # of files
    - c. Total size of data in bytes.
    - d. Format of Files (.doc, .pdf, etc.)
    - e. Location of Files (Local Hard Drive, Network Server, Enterprise Server, Optical Disk, External Hard Drive, etc.)
7. Use the State of New Mexico's Functional Records Retention and Disposition Schedules to complete the remainder of the form.
    - Record classification number and title.
    - Retention period
  8. Enter the volume of records that have met their retention requirement and are eligible for disposition. (i.e. # boxes, # of electronic files, # of cd/dvds, # of tapes, etc.)
  9. Enter the range of dates covered by the record classification from earliest date to the latest date. (i.e. 01/01/2000 – 12/31/2003 or Jan 2000 – Dec 2003).
  10. Enter Total Volume (# of Boxes).
  11. Use the **Remarks** section to provide explanations or additional information on the line item record(s).
  12. Section 4 to be completed by FSA-RMR Office staff when records are delivered to F.A.T.E. Warehouse or RMR Office. Signature will be obtained from preparer of the form to acknowledge receipt of boxes and to document transfer of custody from preparer to FSA-RMR Office.
  13. Section 5 is **For FSA-RMR DEPARTMENT USE ONLY**; leave blank.
  14. Submit the completed form to the FSA - RMR Office by e-mail to [rmroffice@nmsu.edu](mailto:rmroffice@nmsu.edu) or fax to (575) 646-1994. If you have questions, please contact the FSA-RMR Office at (575) 646-8324.



# 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. See page 1 for instructions. **Note: Incomplete forms or incorrectly completed forms will be REJECTED.** If you have any questions, please contact FSA - RMR Office (575) 646-8324 or visit <http://rmr.nmsu.edu/>. Send completed forms to FSA - RMR Office, e-mail to [rmroffice@nmsu.edu](mailto:rmroffice@nmsu.edu), or fax a copy to (575) 646-1994.

## SECTION 1: REQUESTOR INFORMATION

Preparer: \_\_\_\_\_ Department: \_\_\_\_\_

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

## SECTION 2: REQUEST DETAILS

**Are Records confidential?**  Yes  No      **Media Type:**     Electronic (E)     CD/DVD (C)     Tape (T)     Other (O):  
 Paper (P)     X-ray (X)     Microfilm (M)

Disposition Log					
Line #	Media Type	Record Classification No. and Title (and secondary description)	Retention Period	Volume (# Boxes / e-Files)	Dates of Records (MM/YY - MM/YY)
1					
2					
3					
Subtotal Volume (# Boxes) from continuation sheet					
Total Volume (# Boxes)					

Remarks:

## SECTION 3: OFFICIAL APPROVAL

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

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

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

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

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

<b>SECTION 5: FSA-RMR DEPARTMENT USE ONLY</b>		Condition Assessment: N/A		Passed on: _____		RMR Initials: _____	
Req ID #: _____		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		Date: _____ <input type="checkbox"/> NMSRCA			
<b>Approved by RMR Office:</b>							
Name: _____		Signature: _____		Date: _____			

# Request for Disposition of University Records - Continuation Sheet

Preparer: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Req ID #: \_\_\_\_\_

Disposition Log					
Line #	Media Type	Record Classification No. and Title (and secondary description)	Retention Period	Volume (# Boxes)	Dates of Records (MM/YY - MM/YY)
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Subtotal Volume (# Boxes) from continuation sheet					