

## Request for Disposition of University Records - Instructions

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### Section 1

1. Enter Contact Name (who will be able to answer any questions we may have).
2. Enter Department name.
3. Enter Telephone number.
4. Enter E-mail address (for Contact).

### Section 2

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) (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 information requested in the Electronic Files section.

7. Use the State of New Mexico retention schedules to complete the remainder of the form. (a link to the Functional Records Retention and Disposition Schedules is located at <http://rmr.nmsu.edu/nmacs/>).

- Record classification number and title. (e.g.: 1.21.2.301 Accounts Payable)
- Secondary description is the actual document name or type. (e.g.: Reimbursement Request, Personnel files, direct pay, etc.)
- Retention period from record classification.

Note: If the retention period contains “date file closed”, please use the applicable trigger for “date file closed”. e.g.:(end of term, when superseded or obsolete, end of calendar of calendar year)

8. Volume of records to be disposed. (# boxes, # file cabinet drawers, # bins, # of cd/dvds, # of tapes, etc. to be submitted for disposition).

9. Provide the range of dates covered by the record series. Put the earliest date and the latest date e.g.:(01/01/2000 – 12/31/2003 or Jan 2000 – Dec 2003).

10. Enter Total Volume (# of Boxes).

11. Enter any special items in the remarks section.

### Section 3

12. Complete the Department section with the signature of the preparer of the form, the printed name, and the date. If the records submitted for disposition are departmental records only (as opposed to central office records), you must obtain the signature of the departmental owner/record custodian which usually is the dean or director of department. Leave the section marked “For FSA-RMR DEPARTMENT USE ONLY” blank.

13. 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.

14. Contact the FSA - RMR Office at (575) 646-8324 if you have any questions.



# 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. Complete one form for confidential records and a separate form for non-confidential records. 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: PREPARER INFORMATION

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

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

## SECTION 2: REQUEST DETAILS

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

Disposition Log					
Line #	Media Type	Record Classification No. and Title (and secondary description)	Retention Period	Volume (# Boxes)	Date(s) of Record(s)
1					
2					
3					
Subtotal Volume (# Boxes) from continuation sheet					
Total Volume (# Boxes)					

### Electronic Files (Additional Required Information):

Line #	# of Folders	# of Files	Total Size of Data (bytes)	File Format(s) (.doc, .pdf, etc.)	Location of Files

Remarks:

## SECTION 3: OFFICIAL APPROVAL

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

Department Authority/

Record Custodian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: FSA-RMR DEPARTMENT USE ONLY

Condition Assessment - Not Applicable  Condition Assessment Passed on: \_\_\_\_\_ RMR Staff Initials

Received from: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# of Boxes: \_\_\_\_\_

Request ID #: \_\_\_\_\_ SRCA #: \_\_\_\_\_ SRCA Approval Date: \_\_\_\_\_

**Destruction Method:**  Shred  Confidential  Transfer to Archives:  NMSU  Delete Electronic Files  
 NMSRCA

Approved by - Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Disposition of University Records - Continuation Sheet

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

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

Disposition Log					
Line #	Media Type	Record Classification No. and Title (and secondary description)	Retention Period	Volume (# Boxes)	Date(s) of Record(s)
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Subtotal Volume (# Boxes)					