AUTHORIZATION TO DESTROY RECORDS

1. Submitted Date____/____/____
2. From: _____
   Name: _____
   Title: _____
   Address: _____

To: WV State Archives
1900 Kanawha Blvd. East, Bldg. 9
Charleston, WV 25305-0300

Request for Records Destruction

I certify that I am authorized to act for this governance body in the destruction of its public records and hereby request authorization for destruction of the following records in accordance with the West Virginia *Code* and any applicable general retention schedules. The records listed below meet all audit and legal retention requirements and have no further administrative, fiscal, legal, historical or research value.

3. Approved by: _____ (Signature)	4. Title:	5. Telephone / E-Mail _____ _____

6. Records Series Number:***	7. Series Title:	8. Inclusive Dates: From: To:	9. Volume (Cu. Ft.)

Destruction Authorization

10. Destruction of the above listed records is authorized

_____
Director, West Virginia State Archives Date

Destruction Verification

11. The above listed records have been destroyed.

_____
Verifying Signature Date

***Records that have been reformatted to microfilm *and* records that are dispensable duplicates of originals stored elsewhere may be destroyed before their record retention periods have elapsed. Please indicate *which* records qualify for this early disposition using **MI** for microfilm, **IM** for imaging, and **DUP** for duplicates.