



# Records Disposition Request

Send via E-Mail to [cortny.moorehead@msutexas.edu](mailto:cortny.moorehead@msutexas.edu)

**TO:** Cortny Moorehead  
University Librarian  
940-397-4173

**FROM:**

Name (person completing form)

Department

Office Phone

**DATE:**

Agency Item Number	Record Series Item Number	Record Series Title
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Retention Time-Total
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Date of Records
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Physical Files
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Digital Files
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I certify that these OFFICIAL RECORDS COPIES have met or are past the retention period specified by Midwestern State University's Records Retention Schedule.

I certify that no HOLD has been placed on these OFFICIAL RECORDS due to any litigation, claim, negotiation, audit, or open records and all administrative requirements have been satisfied.

## Required Approval:

Department Contact

Date

**RMO Approval #:**

Department Head

Date

**Departmental Destruction:**

Date of Records Destruction:

Records Management Officer

Date