

**AUTHORIZATION FOR DISPOSAL OF ORIGINAL
NON-PERMANENT PAPER RECORDS STORED
AS DIGITAL IMAGES – TOWNS,
MUNICIPALITIES, & BOARDS OF EDUCATION**
Form RC-040 (Revised 5/2024)



STATE OF CONNECTICUT
Connecticut State Library
Office of the Public Records Administrator
231 Capitol Avenue, Hartford, CT 06106
<https://ctstatelibrary.org/publicrecords>

AUTHORITY: Connecticut towns, cities, boroughs, districts, municipalities, boards of education, and other political subdivisions of the state must use this form to obtain approval for disposal of original non-permanent paper records stored as digital images in accordance with CGS §§ 11-8a; 7-109; 1-13; 1-16 through 1-18; and *Public Records Memorandum 101: Disposition of Paper Records after Scanning (2024)*. All records proposed for disposition must be on an approved records retention schedule. If a record is not on a schedule; contact this office for further direction.

INSTRUCTIONS:

1. Use this form to request authorization to dispose of original non-permanent paper records that have been reformatted as digital images.
2. Fill out the form completely and legibly and email form to CSL.Disposition@ct.gov
3. The form must be signed by the Records Custodian and Administrative Head of the Municipality. The Superintendent of Schools must sign if education records are involved.
4. After approval by the State Archivist and the Public Records Administrator, a copy of the approved Authorization will be returned to the Records Custodian. Records may not be destroyed until the agency has received the signed Authorization.
5. At the time of disposal, the Records Custodian should record the actual date of disposition, attach any related supporting documentation (e.g., Certificate of Destruction or Transfer Agreement), and retain pursuant to M1-110. Hard copy records should be destroyed by shredding. After disposal of Municipal records, the Records Custodian must forward the signed original form (and any supporting documentation) to the Office of the Town Clerk for retention, and may keep a duplicate copy.

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| LOCAL GOVERNMENT ENTITY: | DEPARTMENT/UNIT/OFFICE: |
| RECORDS CUSTODIAN: | TITLE OF RECORDS CUSTODIAN: |
| RECORDS CUSTODIAN EMAIL ADDRESS (for return of form): | RECORDS CUSTODIAN PHONE: |

By signing below, I certify that the paper records listed below have been reformatted as digital images and are being maintained in compliance with *Public Records Policy 4: Electronic Records Management*. The digital images have been inspected and found to be complete and accurate representations of the original records. Upon approved destruction of the paper records, the digital images will be designated as the official record copies. All digital images will be properly maintained and will remain accessible for the full retention period. I understand that this disposal request pertains to the paper copy of the records and that future disposal of the digital images will require prior authorization via the RC-075 form.

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| GOVERNMENT AUTHORIZATION | RECORDS CUSTODIAN (type or print): | RECORDS CUSTODIAN SIGNATURE: | DATE SIGNED: |
| | HEAD OF MUNICIPALITY (type or print): | HEAD OF MUNICIPALITY SIGNATURE: | DATE SIGNED: |
| EDUCATION AUTHORIZATION | SUPERINTENDENT OF SCHOOLS (type or print): | SUPERINTENDENT OF SCHOOLS SIGNATURE: | DATE SIGNED: |

| SCHEDULE & SERIES NUMBER (e.g. M1-080) | RECORDS SERIES TITLE | DATES OF RECORDS | | VOLUME OF RECORDS | PROPOSED DATE OF DISPOSITION |
|--|----------------------|------------------|------|-------------------|------------------------------|
| | | FROM | THRU | | |
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| OFFICE USE ONLY — AUTHORIZATION EXCEPTIONS: | | | TOTAL VOLUME OF RECORDS | |
| APPROVED (Signature of State Archivist): | DATE SIGNED: | APPROVED (Signature of Public Records Administrator): | DATE SIGNED: | |