

**ANNUAL CERTIFICATION FOR DISPOSAL OF ORIGINAL NON-PERMANENT PAPER RECORDS STORED AS DIGITAL IMAGES – TOWNS, MUNICIPALITIES, & BOARDS OF EDUCATION**  
Form RC-045 (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 annual 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 pre-authorization to dispose of original non-permanent paper records stored as digital images for select records series. This form certifies that records will be digitized on an ongoing basis as part of standard business practices. This authorization only applies to records series approved on this form. For approval of records that have already been digitized, use form RC-040.
2. Fill out the form completely and legibly and email form to [CSL.Disposition@ct.gov](mailto: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. Renew certification annually by submitting the form to this office. Certification does not extend beyond the 12-month period.
5. After approval by the State Archivist and the Public Records Administrator, a copy of the approved Certificate will be returned to the Records Custodian. Records may not be destroyed until the agency has received the signed Certificate. A new Certificate must be submitted annually.

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 municipality will digitize paper records of the below records series created or received between the 12-month period \_\_\_\_\_ to \_\_\_\_\_, and the digital images will be maintained in compliance with *Public Records Policy 4: Electronic Records Management*. The digital images will be inspected and found to be complete and accurate representations of the original records. Approved records series will be digitized on an ongoing basis as part of standard business practices, and 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. This authorization is effective for one year; I understand I must submit an annual request to continue disposing of the original paper records. This authorization applies only to the below listed records series; I understand I must submit a new form for authorization of additional records series. I understand that this disposal request pertains to the paper copy of the records ONLY and that future disposal of the digital images will require prior authorization via the RC-075 form.

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:

RECORDS SERIES NUMBER (e.g. M1-080)	RECORDS SERIES TITLE	RECORDS SERIES NUMBER (e.g. M1-080)	RECORDS SERIES TITLE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**OFFICE USE ONLY — AUTHORIZATION EXCEPTIONS:**

APPROVED (Signature of State Archivist):

DATE SIGNED:

APPROVED (Signature of Public Records Administrator):

DATE SIGNED: