

**RECORDS DISPOSITION AUTHORIZATION –  
TOWNS, MUNICIPALITIES, & BOARDS OF  
EDUCATION**

Form RC-075 (Revised 12/2021)



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 disposition (destruction or transfer) of public records in accordance with CGS §11-8a and §7-109. All records proposed for disposition must be on an approved records retention schedule. If a record is not on a schedule, the record cannot be disposed; contact this office for further direction.

**See Page 2 for instructions. Send completed form by email.**

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

**TYPE OF REQUEST – Indicate one and sign the associated certification statement below:**

<b>TRANSFER</b>	I hereby certify that the records listed below are to be transferred to another entity. After approval, legal title and custody of the records listed below will be transferred to (include name and address):
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<b>DESTRUCTION</b>	I hereby certify that the records listed below have met the retention requirements as indicated on approved records retention schedules issued by the Office of the Public Records Administrator. No records listed, in my opinion, pertain to any pending case, claim, or action. If applicable, all relevant audit reports have been issued.
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<b>GOVERNMENT AUTHORIZATION</b>	RECORDS CUSTODIAN (type or print):	RECORDS CUSTODIAN SIGNATURE:	DATE SIGNED:
	HEAD OF MUNICIPALITY (type or print):	HEAD OF MUNICIPALITY SIGNATURE:	DATE SIGNED:
<b>EDUCATION AUTHORIZATION</b>	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		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

<b>OFFICE USE ONLY – AUTHORIZATION EXCEPTIONS:</b>	<b>TOTAL VOLUME OF RECORDS</b>

APPROVED (Signature of State Archivist):	DATE SIGNED:	APPROVED (Signature of Public Records Administrator):	DATE SIGNED:
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Fill out the form completely and legibly and email to [csl.disposition@ct.gov](mailto:csl.disposition@ct.gov) or by using the above Email button. Do **NOT** send a duplicate hard copy via mail. The signed form will be returned to the Records Custodian via email after review.

Do **NOT** use the Adobe Fill & Sign tool (pen icon). Type names into text fields on form and signatures will appear in cursive font.

Each form must be signed by the Records Custodian and appropriate authority:

1. Municipal records: the Records Custodian and the Head of Municipality must review and sign the form.
2. Education records: the Records Custodian, the Head of Municipality, and the Superintendent of Schools must review and sign the form.

Each line should contain only one record series. Each line should include:

1. Record Series ID # (from Municipal General Retention Schedule)
2. Record Series Title (from Municipal General Retention Schedule)
3. Date Range of Records (may include multiple years in one row)
4. Volume of records (in cubic feet, megabytes, or gigabytes)—**include total volume** (bottom of page)
5. Proposed date of disposition

If additional rows are needed, use additional forms.

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. The Records Custodian may keep a duplicate copy.

Contact [csl.disposition@ct.gov](mailto:csl.disposition@ct.gov) or (860) 757-6540 with any questions

Resources:

- [Municipal Records Management Program](#)
- [Disposition of Public Records](#)
- [Municipal General Retention Schedules](#)
- [Guide for Measuring Volume of Records](#)
- [Using Adobe fillable pdf online forms](#)