

REQUEST FOR REMOVAL OF PUBLIC RECORDS PERSONAL DATA FILES – TOWNS, MUNICIPALITIES, & BOARDS OF EDUCATION

Form RC-076 (Revised 07/2024)



STATE OF CONNECTICUT
Connecticut State Library
Office of the Public Records Administrator
231 Capitol Avenue, Hartford, CT 06106
<https://portal.ct.gov/csl/departments/public-records>

INSTRUCTIONS:

1. Use this form to request the removal/disposal of personal data under CGS §4-193(e), which states that an agency shall maintain information about a person which is relevant and necessary to accomplish the lawful purposes of the agency (agency means each state or municipal board, commission, department, or office).
2. You *do not* need to attach a copy of the item to be disposed. Please accurately summarize the item on this form.
3. Fill out the form completely and legibly and email form to CSL.Disposition@ct.gov
4. The form must be signed by the Records Custodian and Administrative Head of the Municipality.
5. The Superintendent of Schools must sign if education records are involved.
6. After approval by the State Archivist and the Public Records Administrator, the authorization will be returned to the Records Custodian. Records may not be destroyed until the agency has received the signed Certificate.

NOTE: Use the *Records Disposition Authorization* (Form RC-075) for records that fall within the retention requirements of the general municipal records retention schedules.

LOCAL GOVERNMENT ENTITY:	DEPARTMENT/UNIT/OFFICE:
RECORDS CUSTODIAN:	JOB TITLE OF RECORDS CUSTODIAN:
RECORDS CUSTODIAN E-MAIL (<i>for return of form</i>):	RECORDS CUSTODIAN PHONE:

This request applies to: one individual multiple individuals

SUMMARY OF REQUEST:

This information is no longer relevant or necessary to accomplish the lawful purposes of this local government entity.

Explain:

Has the purpose of the personal data record(s) relating to the individual(s) been satisfied?

Yes No

If NO, please explain:

Is there any legal action for which the personal data record(s) should be held?

Yes No

If YES, please explain:

Are there any claims pending for which the personal data record(s) relating to the individual(s) should be held?

Yes No

If YES, please explain:

Has the administrative value of the personal data record(s) to the organization been satisfied?

Yes No

If NO, please explain:

Is there any fiscal value of the personal data record(s) of the individual(s) for which the record(s) should be held?

Yes No

If YES, please explain:

I hereby certify that the above statements are true and that no record(s) listed, in our opinion, pertain(s) to any pending or foreseeable case, claim, or action for which the statute of limitation has not run out.

GOVERNMENT AUTHORIZATION	RECORDS CUSTODIAN <i>(type or print)</i> :	RECORDS CUSTODIAN SIGNATURE:	DATE SIGNED:
	HEAD OF MUNICIPALITY <i>(type or print)</i> :	HEAD OF MUNICIPALITY SIGNATURE:	DATE SIGNED:
EDUCATION AUTHORIZATION	SUPERINTENDENT OF SCHOOLS <i>(type or print)</i> :	SUPERINTENDENT OF SCHOOLS SIGNATURE:	DATE SIGNED:

OFFICE USE ONLY

AUTHORIZATION EXCEPTIONS:

PUBLIC RECORDS AUTHORIZATION	APPROVED (Signature of State Archivist):	DATE SIGNED:
	APPROVED (Signature of Public Records Administrator):	DATE SIGNED: