STATE OF ILLINOIS RECORDS DISPOSAL CERTIFICATE

Send To: State Records Commission Margaret Cross Norton Building Springfield, Illinois 62756

FAX: (217) 557-1928

For Assistance Call: (217)782-2647

Directions:

- 1. Fill in all blanks and columns and sign.
- 2. Send original certificate and a copy to above address 30 days prior to the disposal date.
- 3. Retain records and one copy of Disposal Certificate until the disposal date and approved copy is returned. **Retain approved**

copy permanently

APPLICATION #:	
STATE AGENCY:	
-	(Division, Bureau, Section)
ADDRESS:	
	(Street, P.O. Box)
CONTACT	(City, Zip Code)
CONTACT	
LIVI/\IL	

ITEM NO. FROM APPLICATION	RECORD SERIES TITLE	INCLUSIVE DATES	VOLUME OF RECORDS (Cu. Ft. or MB/GB)	METHOD OF DISPOSAL

If any of the above permanent records are microfilmed, I hereby certify that they have been reproduced in compliance with standards given in Section 4400.50 of the Regulations of the State Records Commission.

If the above permanent records are digitized, I certify that they have been reproduced in compliance with standards given in Section 4400.70 and will be maintained in compliance with standards given in Section 4400.80 of the Regulations of the State Records Commission.

(Signature required only if records are scheduled for permanent retention and have been microfilmed or digitized)

I hereby certify that, in compliance with authorization received from the State
Records Commission, the records listed above will be disposed of on or after

Date

Signature Date

Print name and title on line above

Approved:

Chairman, State Records Commission Director, Illinois State Archives

Date