

RECORDS DISPOSAL AUTHORIZATION

The Office of _____ in _____ County requests authorization to dispose of the following records:

NAME OF SERIES

DATE RANGE

_____	_____
_____	_____
_____	_____

TYPE OF DISPOSITION

Routine

Emergency (*explain*) _____

Signed

Date

Name

Title

Mailing Address

City

State

Zip Code

Phone Number

Email Address

COMPLETED BY LGRO

MS Code Authority § _____ - _____ - _____ Minimum Retention _____

Last LGRO Authorization: _____
Number *Date* *Previous Date Approved*

Additional Remarks:

LGRO _____

In accordance with *Mississippi Code of 1972, Annotated*, § 25-59-21, authorization is granted to dispose of the records series listed above.

Katie Blount, Director
Mississippi Department of Archives and History

Date