



RECORDS DESTRUCTION REQUEST FORM

EK &Z

Person Completing Form/Office/Phone No.									
RECORD DATA									
Name of Record Series & Brief Description	Date Range		Date Eligible For Disposal	Disposition Instructions	Disposition Authority	Format		Volume	
	Start	End				Paper	Elect		
	Name		Signature		Date	Certification Statement			
Authorizing Official						I certify that, to the best of my knowledge, these records are not subject to any current or pending litigation, audit, subpoena, or other legal demand, and they are being destroyed in accordance with the applicable, approved records control schedule.			
Records Liaison Officer									
Destroyed By:						I certify that these records were destroyed by cross-cut shredding, pulverizing, burning, or by any disposal method authorized by NARA. All records were destroyed on the same date.			
Witnessed By:									

INSTRUCTIONS

1. **Person Completing Form/Office/ Phone No.:** Enter your name, office and telephone number.
2. **Name of Record Series and Brief Description:** Enter name of records series name and brief description of the record.
3. **Date Range (Start/End):** Enter the beginning date and ending date of records eligible for disposal.
4. **Date Eligible for Disposal:** Enter date when records are eligible for disposal.
5. **Disposition Instructions:** Refer to [NOAA Records Schedules](#) to identify how long records should be maintained.
6. **Disposition Authority:** Specify records series item number which can be obtained from [NOAA Records Schedules](#) , example 1500-4.11, for Fisheries Vessel Permit files.
7. **Format (Paper/Electronic):** Enter (**v**) to specify the physical format of the records
8. **Volume:** Indicate volume in cubic feet or bytes (See examples below)
 - a. One standard records center carton holds 1 cubic foot
 - b. One letter-size file drawer holds 1.5 cubic feet of record
 - c. One legal-size file drawer holds 2 cubic feet of records
 - d. 1 GB, 100 MB, 100KB of records.
9. **Authorizing Official:** Enter the name, signature, and date signed by the official authorizing disposal, indicating they are authorized to approve disposal of records and certifying that these records are not subject to any current or pending litigation, audit, subpoena, or other legal demand, and they are being destroyed in accordance with the applicable, approved records control schedule. The authorizing official should be at the program manager level or above.
10. **Records Liaison Coordinator:** Enter the name, signature, and date signed by the records liaison coordinator indicating they are authorized to approve disposal of records and certifying that these records are not subject to any current or pending litigation, audit, subpoena, or other legal demand, and they are being destroyed in accordance with the applicable, approved records control schedule.
11. **Destroyed by:** Enter the name, signature and date signed by the person performing the disposal of the records.
12. **Witnessed by:** Enter the name, signature and date signed by the person who witnessed the destruction of the records by an outside contractor. **A Witnessed destruction is mandatory for all Personal Identifiable Information (PII) or sensitive data such as social security numbers.**
13. **Recordkeeping:** The Records Custodian is responsible for retaining the original of the completed records disposal form and submitting a copy to the Records Liaison Officer and the Agency Records Officer.