

# STATE OF ILLINOIS RECORDS DISPOSAL CERTIFICATE

APPLICATION #: \_\_\_\_\_

STATE AGENCY: \_\_\_\_\_

\_\_\_\_\_  
(Division, Bureau, Section)

ADDRESS: \_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, Zip Code)

CONTACT TELEPHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

**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.**

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.

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 Date \_\_\_\_\_  
Director, Illinois State Archives

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