



# THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

## Records Management Disposition Form

### INSTRUCTIONS FOR COMPLETING THE FORM

(Disposition of State Records)

#### DEPARTMENT INFORMATION

1. Enter University Division and Department names, where appropriate add unit/ section name.
2. Enter campus address of the Department.
3. Enter the date the form is prepared.

#### FOR EACH RECORDS SERIES

4. Record Series Number and Title: Enter the Record Series number and title from the Retention Schedule. State Records that are not on UTRGV's approved Retention Schedule may not be destroyed without the permission of the Texas State Library and Archives Commission. Contact Records Management for assistance if you are unable to locate your records on the Retention Schedule.  
[recordsmanagement@utrgv.edu](mailto:recordsmanagement@utrgv.edu)
5. Protected Information: Indicate if the records contain protected information such as educational records, health information, social security numbers, credit card and/or bank account numbers, etc. All records containing information protected by law such as the examples given must be destroyed to the extent the protected information may not be read or retrieved.
6. Record Medium: Check the medium of the records (i.e., paper, electronic, thumb drive, CD/DVD, microfilm, magnetic tape, video or audio tape, etc.). Where the records are in/on a computer, give the application name such as SharePoint, E-Business, File Share name, or the Folder in Perceptive Content (Image Now) Files. If the records are email, give the Mailbox (email address) name.
7. Additional Information: Provide additional, relevant information about the records or the actions taken.
8. Method of disposal: Indicate how the records are being disposed of, be sure records containing information protected by law is irretrievably destroyed.

#### CERTIFICATIONS

9. Check this box if the records have fulfilled all values to your department and UTRGV (administrative, fiscal, legal, and historical), and have met all retention and archival review requirements, and you have verified that the records have no open records, litigation, or other holds pending.
10. Check this box if a electronic copy has been made. Also check one of the following boxes if:
  - 10a. A duplicate of the original paper or electronic has been made as outlined by Texas Government Code §441.052.
  - 10b. Non-essential records and no duplicate paper or electronic is required.

#### APPROVALS

11. Signature of the Department Head is required if there is no appointed and trained Records Coordinator for the department.
12. Signature of the department's Records Coordinator is sufficient where the Records Coordinator has been officially appointed, and has completed the required Records Management training.
13. Signature of a Records Management staff member is only required if the disposal of the records will be performed using Records Management services.

This form should be completed for all records dispositions performed by university departments for records stored in the departments. The completed forms constitute a log of the department's records dispositions. This is state records series 1.2.010 with a retention period of 10 years. Retention periods do change over time. Please check the current Retention Schedule on all questions of retention. The forms are to be retained in the department along with the department's records management file plan.

If you have any questions, comments or concerns, please contact Records Management Program  
at [recordsmanagement@utrgv.edu](mailto:recordsmanagement@utrgv.edu)

#### Edinburg Location:

Jesus Gonzalez (956) 665-2564  
Francisco Ramirez (956) 665-5029  
Andrew Gandy (956) 665-2081

#### Brownsville Location:

Luis Hernandez (956) 882-5965  
Rodrigo Candaudap (956) 882-5966  
or (956) 882-5962



1. Division and Department Name	2. Campus Address	3. Date
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**DESCRIPTION OF RECORDS**

4. Agency Item #/Records Series Item #/Records Series Title:	5. Protected Information: Records Do Contain Do not contain protected , confidential and/or sensitive information.
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6. Record Medium:	Paper	CD/DVD/Disk/Tape/Thumb Drive	Audio/Video	Other
Electronic Records	File Share Name: _____			

7. Additional Information & Comments (List Mailbox if records are email and other relevant information):

8. Method of Disposition:	Shredded in Department	Shredded by RM
Internally deleted from Computer or Email System	Other, Describe _____	

4. Agency Item #/Records Series Item #/Records Series Title:	5. Protected Information: Records Do Contain Do not contain protected , confidential and/or sensitive information.
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**CERTIFICATION**

**Under provision of Texas Government Code 441.035(3) Act of the 72nd Legislature, I (we) certify that these state records have no further legal, fiscal, administrative or historical use to this department for the reason indicated below. Check all that apply.**

- 9 The record have met their retention requirements and are not subject to pending open record litigation, or other holds.
- 10 Electronic or Paper reproduction of the records, complying with the minimum standards established by the American National Standards Institute (ANSI), have been made and certified as original records for all legal purposes. The type and quality of the reproduction will fulfill the retention requirements of the original records.
  - 10 a. The records are essential (vital) records as defined by Texas Government Code 441.052, Act of the 70th Legislature. A preservation duplicate of the original paper or electronic reproduction has been made and preserved in compliance with this Statute.
  - 10 b. The records are non-essential and therefore a preservation duplicate is not required.

**APPROVALS**

11. Department Records Manager	12. Department Records Coordinator	13. UTRGV Records Management Staff
Name _____	Name _____	Name _____
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

1. Division and Department Name	2. Campus Address	3. Date
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**DESCRIPTION OF RECORDS**

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