

Please complete form and return to:

Ms. Millie Bonilla, Records Management Officer, Central Administration

## Records Disposition

**Government Unit:** City School District of New Rochelle **Department:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone Number/Ext:** \_\_\_\_\_

**Location/Building:** \_\_\_\_\_ **Floor/Room:** \_\_\_\_\_ **Box #** \_\_\_\_\_

**Format:**

☐

Volume

☐

Microfilm

☐

Card File

☐

Maps

☐

Loose Paper

☐

Engineer's Plans

☐

Computer Output

☐

Computer Records

☐

Other \_\_\_\_\_

**Description of Record(s):**

**Reason for  
Disposition:**

(i.e. reached disposition date)

**Please indicate method of disposition:**

☐

Shredding

or

☐

Recycling

**Quantity:**

**Size:**

No. of Cartons \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

No. of Letter Drawers \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

No. of Legal Drawers \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

No. of Volumes \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

No. of Card Drawers \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

No. of Map Drawers \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Other:

Signature of Department Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Department Supervisor: \_\_\_\_\_

**Approved by Records Mgmt. Officer:**

**Date:**

**Comments:**