



## Records Disposition Request

Send via E-Mail to [cortny.moorehead@msutexas.edu](mailto:cortny.moorehead@msutexas.edu)

**TO:** Cortny Moorehead  
University Librarian  
940-397-4173

**FROM:** \_\_\_\_\_  
Name (Person completing request)  
\_\_\_\_\_  
Department  
\_\_\_\_\_  
Office Phone

**DATE:** \_\_\_\_\_

Record Series Item No.	Agency Item No.	Record Series Title	Retention Time-Total	Dates of Records	RMO Comments

\_\_\_ I certify that these OFFICIAL RECORDS COPIES have met or are past the retention period specified by Midwestern State University's Records Retention Schedule.

\_\_\_ I certify that no HOLD has been placed on these OFFICIAL RECORDS due to any litigation, claim, negotiation, audit, or open records and all administrative requirements have been satisfied.

Required Approval		Departmental Destruction
Department Contact	Date	Date of Records Destruction:
Department Head	Date	Destruction Method:  <input type="checkbox"/> Recycle <input type="checkbox"/> Shred
Records Management Officer	Date	
RMO Approval #		