



MINNESOTA HISTORICAL SOCIETY

STATE ARCHIVES DEPARTMENT

APPLICATION FOR AUTHORITY TO DISPOSE OF RECORDS

FOR USE BY RECORDS PANEL

Application No.

Date

Instructions:

1. This form does not provide continuous authority to dispose of similar records and cannot be used to approve a records retention schedule.
2. Complete original and three copies. Photocopies are acceptable.
3. Complete items 1 through 6 and item 8. Use reverse side to continue records description. If more space is needed, use plain paper.
4. Send original and two copies to the **State Archives Department, 345 Kellogg Boulevard West, St. Paul, MN 55102-1906.**
5. Retain one copy until your approved copy is returned. The approved copy will be your authority to dispose of records. It should be retained permanently.
6. Additional copies of this form are available from the address above or by telephoning (651) 297-4502. (FAX: (651) 296-9961).

NOTE: Laws of 1971, Chapter 529, Section 3 reads as follows: "It is the policy of the legislature that the disposal and preservation of public records be controlled exclusively by Minnesota Statutes, Chapter 138 and by this act, thus, no prior, special or general statute shall be construed to authorize or prevent the disposal of public records at a time or in a manner different than prescribed by such chapter or by this act and no general or special statute enacted subsequent to this act shall be construed to authorize or prevent the disposal of public records at a time or in a manner different than prescribed in chapter 138 or in this act unless it expressly exempts such records from the provision of such chapter and this act by specific reference to this section."

1. Agency or Office	2. Division or Section	3. Quantity of Records _____ Cubic Feet
4. Location of Records		5. Laws other than M.S. 138.17 that relate to the destruction or safekeeping of the records:
6. I certify that the records listed on this application are accurately described, and that they have no further administrative, legal, or fiscal value for this agency.		AUTHORIZATION: Under the authority of M.S. 138.17, it is hereby ordered that The records listed on this application be destroyed, except as shown in item 7.
Authorized Signature (Type name below)		Director, Minnesota Historical Society _____ Date
Name _____ Date		Legislative or State Auditor _____ Date
Title _____ Phone		Attorney General _____ Date
7. Exceptions to Destruction. (For use by Records Disposition Panel).		

8. Description of Records. Describe each record series or type of record separately. Number each series, beginning with "1".

A. Item No.	B. Name of record, form numbers, content, usage, arrangement, original duplicate, or microfilmed.	C. Inclusive Dates

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