DIVISION OF UNIVERSITIES			RECORD DISPOSITION DOCUMENT		IT	NOPAGE 1 0FPAGES			
1. AGENO FLORIDA INTERNA	Α	JNIVERSITY	2. DIVISION/COLLEGE/SCH	OOL/ETC.	3.	OFFICE/DEP	T/UNIT/ETC	· · · · · · · · · · · · · · · · · · ·	
4. ADDRI	ESS (Cam	pus, Building, Ro	oom Number)	5. CONTACT (Name, Telephone Number and/or Email Address					
SUBMITT	ATT:	Rose Nichol Green Library Library Opera Room 460 Modesto Maio	•	6. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.					
7. FOR A	ARCHIVES	RECORDS MA	NAGEMENT REVIEW ONLY	Signati	Signature Date				
RMLO REVIEWDATE				Name and Title					
GENERA	L COUNSE	L REVIEW	DATE	The sc	8. NOTICE OF INTENTION The scheduled records listed in item 9 are to be disposed of in the manner checked below (specfiy only one):				
ARCHIVIST REVIEWDATE				_ _	a. Destructionb Digitization and Destruction				
AUDITOR	REVIEW_		DATE	_	c. Other:				
				ST OF RECORD		Т			
a. Schedule Item	b. Item No.		c. Title		d. Retention	Inclusive Dates	f. Volume in Cubic Feet	g. Disposition <u>Action and Date</u> Completed After Authorization	
10. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.				11. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.					
Records Custodian or Designee Date				Signature	Signature Date				
					Name and Title Witness Notes: Upon disposition retain a copy of this form for your records 3/01				