



SC Department of Archives & History
AUTHORIZATION FOR DISPOSAL OF ORIGINAL PAPER RECORDS STORED AS
DIGITAL IMAGES
(ARM-13)

Return to SCDAH via: Mail: South Carolina Department of Archives Records Management Division 8301 Parklane Road Columbia, SC 29223-4905 Email: Assigned Records Analyst <i>OR</i> rm@scdah.sc.gov Phone: 803-896-6128	THIS FORM IS USED TO DESTROY ORIGINAL PAPER RECORDS NOW DIGITIZED AND TO DESIGNATE THE ELECTRONIC COPY AS THE OFFICIAL VERSION OF THE RECORD.
	RECORD GROUP NUMBER:

PART I - IDENTIFICATION OF RECORD

1. Name of State Agency or Local Government:	2. Name of the Division, Section, or Office:
3. Record Series Title:	4. Record Series Number:
5. Inclusive dates of paper records to be destroyed:	6. Cubic feet of records to be destroyed (estimate):
7. Retention period (If less than 10 years, check box A under Part II below. If 10 years or more, check box B.):	8. Is this a vital record? (Essential to the continuity of services during a disaster or to the restoration of daily business when it has been interrupted) <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>
9. Are security copies of the digital records and indexes being placed in off-site storage? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	10. If yes, where are the security copies being stored?
11. Name of Person Completing Part I:	12. Telephone Number and Email:

PART II - CERTIFICATION

RECORDS WITH A RETENTION PERIOD OF LESS THAN 10 YEARS		
A. <input type="checkbox"/> I certify that I am authorized to act for my government body in the retention and disposition of records identified in Part I of this form and that the digital image records have been visually inspected and are legible and correct.		
RECORDS WITH A RETENTION PERIOD OF 10 YEARS OR MORE		
B. <input type="checkbox"/> I certify that I am authorized to act for my government body in the retention and disposition of records identified in Part I of this form and that my Agency or local government will comply with items 1-8 on page 2 of Public Records Information Leaflet no. 13, <i>Public records stored as digital images: policy statement</i> (revised April 2024).		
13. Name/title of authorized state agency or local government representative:	14. Signature:	15. Date:

PART III - STATE ARCHIVES APPROVAL

16. Disposal of the original (paper) records identified in Part I is <div style="text-align: center;"><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</div>	17. Reason for non-approval
18. Signature of State Archives representative	19. Date

PART IV - DISPOSAL VERIFICATION

<i>I have properly disposed of the paper records identified in Part I.</i>		
20. Name of person disposing of records:	21. Signature of person disposing of records	22. Disposal date