



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

This form is used to obtain approval for the destruction of original paper records that are now digitized, and to designate the electronic copy as the official version of the record. Do **NOT** destroy any records until the form has been returned to you approved by the Archives.

Record Group Number: Enter your Record Group Number in this block, if you know it. If you don't, leave the block blank and it will be completed by a SCDAH Record Analyst upon receipt of this form.

PART I

- 1. Name of State Agency or Local Government:** Enter the name of the agency, board, etc., or the local government subdivision, (county, municipality, school district, special service district, etc.) that creates/maintains the records being destroyed.
- 2. Name of Division, Section, Office:** Enter the name of the agency division or the local government department/office that creates the records.
- 3. Record Series Title:** Enter the exact record series title as it appears in the general or specific record retention schedule for each record series destroyed.
- 4. Record Series Number:** Enter the appropriate record series/schedule number as it appears in the general or specific retention schedule for each record series destroyed.
- 5. Inclusive Dates of Paper Records to Be Destroyed:** Enter the earliest and latest dates covered by the records destroyed (i.e. 10/1998-9/2000; or 1997-1998).
- 6. Cubic Feet of Records to be Destroyed:** Enter the cubic feet of the records being digitized.
- 7. Retention Period:** Enter the full retention of the records as listed on the general or specific retention schedule.
- 8. Is This a Vital Record:** Check “Yes” if records are deemed vital, or “No” if not.
 - a. Vital records are records essential to the continuing operation of an organization. These records are necessary for an organization to resume its operations after a major disaster.
- 9. Are Security Copies of the Digital Record and Indexes Being Placed in Off-Site Storage:** Check “yes” to confirm or “no” to deny.
 - a. For records with a retention longer than 10 years, security copies and an index must be maintained in a secure off-site storage location. Off-site security copies are also recommended for vital records. *See Informational Leaflet #13.*
- 10. If yes, where are the security copies being stored:** Enter a detailed description of where the security copies are stored.
 - a. **i.e.** “Department of Administration – DTO 1200 Senate St., Suite 460, Columbia, SC 29201, 803-734-8120” OR “Oracle Cerner Kansas City Data Center”

PART I cont.

11. Name of Person Completing Part I: Enter the name of the person filling out this portion of form.

12. Telephone Number and Email: Enter the telephone number and email address of the person filling out this portion of form.

PART II

A. Records With a Retention Period of Less Than 10 Years

a. Select this box if the retention of the records amounts to less than a total of 10 years.

B. Records With a Retention Period of 10 Years or More

a. Select this box if the retention of the records amounts to a total of 10 years or more.

i. Ensure that you are in compliance with the duties detailed by numbers 1-8 on *Informational Leaflet #13*.

ii. If this box is selected, be sure to complete boxes #9 and #10 on this form.

13. Name/Title of Authorized State Agency or Local Government Representative: Enter the name of the person authorized as your agency's official Records Officer.

14. Signature: Enter the signature of your agency's official Records Officer.

a. This can be handwritten or done through a digital signature.

15. Date: Enter the date Parts I and II were completed.

Once Parts I and II have been completed, send the form via email to your assigned records analyst, *or* rm@scdah.sc.gov.

Skip Part III; this will be completed by SCDAH staff.

Your SCDAH records analyst will return the signed and approved form to you via email.

- Once approval is received, you can proceed with destruction of the paper records now digitized.
- Ensure that you keep a copy of the form for your records.

PART IV

Complete this section to verify that records have been destroyed by your agency. This additional section is to be maintained for your agency's records.

20. Name of Person Disposing of Records: Enter the name of the person disposing original paper records.

21. Signature: Enter the signature of the person disposing original paper records.

22. Date: Enter the date paper records were destroyed.