



**SC Department of Archives & History
REQUEST FOR RESCISSION OF SCHEDULE FORM
(ARM-17)**

<p>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</p>	<p>THIS FORM SHOULD BE USED TO REQUEST THAT A SPECIFIC RETENTION SCHEDULE BE RESCINDED FROM USE WITHIN YOUR AGENCY. COMPLETE ONE FORM FOR EACH RECORD SERIES.</p> <hr/> <p>RECORD GROUP NUMBER:</p>
---	--

Section I. Identification of Program Unit and Contact Person

1. Name of State Agency or Local Government:	2. Name of the Division, Section, or Office:
3. Name of Requestor:	4. Date:
5. Telephone Number:	6. Email:

Section II. Description of Records

<p>7. Record Series Information Title: Record Series Number:</p>	<p>8. Are records still being created? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what schedule now covers these records?</p> <hr/> <p>9. Are records under this schedule still active? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Parts (8) and (9) are both “No”, have all records covered under the schedule met their full retention period and have been destroyed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Justification for Rescission:</p>	
<p>11. Additional Comments:</p>	

Section III. State Archives Approval

<p>12. Rescission of the above schedule is: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</p>	<p>13. Reason for Non-Approval (If Applicable):</p>	
<p>14. Name of Records Management Division Representative:</p>	<p>15. Signature:</p>	<p>16. Date:</p>