



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

Return to SCDAH via: Mail: South Carolina Department of Archives Records Management Division 8301 Parklane Road Columbia, SC 29223-4905 Email: Assigned Records Analyst OR rm@scdah.sc.gov Phone: 803-896-6128	THIS FORM SHOULD BE USED TO REQUEST THAT A SPECIFIC RETENTION SCHEDULE BE RESCINDED FROM USE WITHIN YOUR AGENCY.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.
	RECORD GROUP NUMBER:

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:
7. Records Officer Name:	8. Records Officer Signature (Authorization):

Section II. Description of Records

9. Record Series Information Title: Record Series Number:	10. Are records still being created? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what schedule now covers these records? 11. Are records under this schedule still active? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Parts (10) and (11) 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	
12. Justification for Rescission:	
13. Additional Comments:	

Section III. State Archives Approval

14. Rescission of the above schedule is: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	15. Reason for Non-Approval (If Applicable):	
16. Name of Records Management Division Representative:	17. Signature:	18. Date: