



Department of Archives & History

INSTRUCTIONS FOR COMPLETING: RESCISSION OF SCHEDULE FORM (ARM- 17)

This form should be used to request that a **specific retention schedule be rescinded from use** within your agency. This form must be submitted to the Records Management Division, who may contact you for additional information if necessary.

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.

SECTION I

1. **Name of State Agency or Local Government:** Enter the name of the state agency, board, etc., or the local government subdivision, (county, municipality, school district, special service district) that creates/maintains the records being described.
2. **Name of Division, Section, or Office:** Enter the name of the state agency division or the local government department/office that creates the records.
3. **Name of Requestor:** Enter the name of the person filling out this form.
4. **Date:** Enter the date on which the form is completed.
5. **Telephone Number:** Enter the contact telephone number of the person filling out this form.
6. **Email:** Enter the contact email address of the person filling out this form.

SECTION II

7. **Record Series Information:** This is the identifying information for your record series.
 - a. **Title:** Enter the official title of the series as it appears on your schedule.
 - b. **Record Series Number:** Enter the official record series number as it appears on your schedule. This will either be a 5-digit number (12345) or an alphanumeric code (AH-AP-CS1).

8. **Are records still being created?** Check "yes" if the record series is a continuing series; check "no" if this series is no longer created.
 - a. If "yes" is checked, please specify what record series is superseding this schedule in the space provided.

9. **Are records under this series still active?** Check "no" if all records covered under this series have been destroyed or are considered inactive. Check "yes" if the records have not met their retention, are permanent, or are still being referenced.
 - a. **If Parts (8) and (9) are both "No":** This section confirms that there will be no unscheduled records as a result of this change. Unscheduled records are not allowed to be destroyed, according to SC Code of Laws 30-1-90(D).

10. **Justification for Rescission:** Explain why your agency is removing this schedule from use.
 - a. For example, the general schedules provided by the Archives have a shorter retention than the agency-specific schedule, and the agency wishes to use the shorter retention.

11. **Additional Comments:** Use this section to provide any additional information not covered in the above sections.

Skip Section III; this will be completed by staff.

Once SCDAH staff have reviewed your request and completed Section III, the form will be returned to the requestor via email.

- It is recommended you keep a copy of this form for your records.