



# Department of Archives & History

## INSTRUCTIONS FOR COMPLETING: General Schedule Opt-Out Form (ARM-18)

This form should be used to **opt-out** of using an archives issued general schedule in favor of an existing agency specific retention schedule. This form should be reviewed and acknowledged by archives staff before implementation.

**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 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. Telephone Number:** Enter the telephone number of the person filling out this form.
- 5. Email Address:** Enter the email address of the person filling out this form.

### Part II

- 7. Signature of Requestor:** Enter the signature of the person the completing form, or your agency's official Records Officer.
  - a. This can be handwritten or done through a digital signature.
- 8. Date:** Enter the date that this form was completed.

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

## **Part IV**

### **Agency Specific Schedule**

- Enter the title and series number of the specific schedule(s) that will be superseding an established general schedule.

### **Superseded General Schedule**

- Enter the title and series number of the general schedule(s) that will be superseded by the specific schedule in the corresponding row.

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

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