

STATE OF ILLINOIS RECORDS DISPOSAL CERTIFICATE

Application for Authority to
Dispose of State Records # _____

To: Office of the Secretary of State
State Records Commission
Margaret Cross Norton Building
Springfield, Illinois 62756

From: _____
Agency _____
Division, Bureau, Section _____
Agency Address _____
Contact Person _____ Telephone Number _____

Item Number from Application	Title of Record Series	Inclusive Dates	Cubic Feet to be Destroyed	Method of Disposal

Directions

1. Submit one original and one copy to the State Records Commission 30 days prior to the disposal date. Retain one copy for your file.
2. Do not dispose of materials until one copy is returned to your agency signed by the Chairman of the State Records Commission, in compliance with Section 4400.40(b) of the rules of the State Records Commission.

I hereby certify that in compliance with the above referenced application, # _____ received from the State Records Commission, the records listed above will be disposed of on or after:

_____ Disposal Date

_____ Signature _____ Date

_____ Name and Title (print)

Approved:

_____ Chairman, State Records Commission _____ Date
Director, Illinois State Archives