Print Form

STATE OF LOUISIANA
SECRETARY OF STATE
DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS
SSARC 930 (R 1/12)

FOR ARCHIVES USE ONLY
Your Disposal Authority Request has been:
[ ] Approved _____ Received: _____
Processed:_____
[ ] Rejected _____ Returned: _____
Reason:
_____
[ ] YES [ ] NO Archives _____
[ ] YES [ ] NO Rec Mgt _____
Method: [ ] DUMP [ ] SHRED [ ] RECYCLE [ ] BURN [ ]DELETE
[ ] DeGAUSSE/ERASE [ ] CRUSH

TO: RECORDS MANAGEMENT SECTION
DIVISION OF ARCHIVES, RECORDS MANAGEMENT AND HISTORY
POST OFFICE BOX 94125
BATON ROUGE, LA 70804-9125

FROM:

LSU Health Science Center - New Orleans
1. AGENCY NAME

433 Bolivar St., Room 811 , New Orleans, LA 70112
2. ADDRESS

Tara O'Neil Rodrigue | 504-568-5135 | trodr2@lsuhsc.edu
3. NAME OF PERSON WITH WHOM TO CONFER | 4. TELEPHONE NUMBER WITH AREA CODE | 4A. E-MAIL ADDRESS

5. CERTIFICATE OF AGENCY REPRESENTATIVE:
I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records and that the records described in this List or Schedule are proposed for disposal for the reason indicated:

A. ☐ The records have ceased to have sufficient value to warrant further retention.

B. ☐ The records will cease to have sufficient value to retain them after the date or event indicated.
☐ These records have been converted to ☐ Microfilm ; ☐ Digital Images.

_____ | _____ | _____
DATE SIGNED | SIGNATURE OF REPRESENTATIVE | TITLE

6. Inclusive Dates	7. Description of Records (List Records Series Title if Records Appear on Agency Retention Schedule)
	Or please refer to the attached list of record series.