

RECORDS DESTRUCTION CERTIFICATE INSTRUCTIONS

Form PRD 50 – KY Dept. for Libraries & Archives

Date: Date Form is Typed

Cabinet/Local Jurisdiction: (Leave Blank)

Department/Local Government Office: Murray State University

Division: Type in Name of College or Admin. Unit – (Example: College of Science or
Acct. & Fin. Services)

Branch/Unit: Type in Name of Individual Unit Within College or Admin. Unit –
Example: Chemistry Dept. or Bursar's Office

Schedule Date: Type in 1994 for Current Schedule (1977 or 1978 for Older Schedules)

Record Group No.: (Leave Blank)

Destruction Date: Type in Minimum of One Week from Current Date to Allow Time to
Obtain Approval To Destroy Items from Records Officer

Destroyed at: Put "X" on Blank for "Agency"

Destruction Method: Indicate Whether Shredded, Recycled, etc.

TABLE PORTION OF FORM: (Complete Columns Under "Agency Use" Only)

- **Series No.:** Type in Series Number from Records Schedule (Example: U0104)
- **Title of Records:** Title as Shown in Records Schedule (Example: Minutes)
- **Date Span:** Inclusive Dates of the Records Destroyed (Example: 1998-2000)
- **Cubic Feet:** Volume of Records Destroyed in Cubic Feet (Example 1.5)
(1 Cubic Foot = 12" High x 12" Wide x 12" Deep)

"APPROVALS AND CERTIFICATIONS" SECTION – LEAVE BLANK

GENERAL NOTES:

1. Form PRD 50 is a three-copy NCR form. Departmental secretaries can call Nancy Jones @2291 for copies. (Only original forms will be accepted).
2. This form must be routed through the Murray State Retention Officer for approval **BEFORE** the records are destroyed. (Room 208 Waterfield Library)
3. Records may be destroyed when a **SIGNED** copy is returned to your office.

Records Destruction Certificate

Kentucky Department for Libraries and Archives, Public Records Division
300 Coffee Tree Road, P. O. Box 537, Frankfort, Kentucky 40601

Date: _____

Cabinet/Local Jurisdiction _____

Department/Local Government Office _____

Division _____

Branch/Unit _____

Schedule Date _____ Record Group No. _____ Destruction Date _____

Destroyed at: Agency _____ Center _____ Vault _____ Archives Center _____ Destruction Method _____

Agency Use				PRD Use	
				Accession #	
Series No.	Title of Records	Date Span	Cu. Ft.	Unit No.	Location in Center/Vault
<p><u>CONTACT NANCY JONES @ 2291 FOR SUPPLY OF THIS FORM</u></p>					
Total Volume (Cu. Ft.) of Records Destroyed->					

Approvals and Certifications

Destruction at PRD Records Center, Archives Center, Vault	Destruction at Agency
<p>I hereby give final approval to destroy the records described above.</p> <p>_____ Date</p> <p>State Archivist and Records Administrator</p>	<p>Before destroying records not listed on the agency's retention schedule or the General Schedule for State Agencies, approval must be obtained from the State Archives and Records Commission.</p>
<p>I hereby certify that the records described above have been destroyed.</p> <p>_____ Date</p> <p>Archives Center Agent</p> <p>_____ Date</p> <p>Records Center Agent</p> <p>_____ Date</p> <p>Micrographics Agent</p>	
	<p>I hereby certify that the records described above have been destroyed.</p> <p>_____ Date</p> <p>Records Officer/Custodian</p>