

ARCHDIOCESE OF CHICAGO

Joseph Cardinal Bernardin
Archives & Records Center
711 West Monroe
Chicago, Illinois 60661
Phone (312) 831-0711
Fax (312) 831-0610



School Records Ext. 724
Sacramental Records Ext. 722
Archival Services Ext. 272
Secretary Ext. 337
Researchers Ext. 728

HOW TO COMPLETE AN APPLICATION FOR AUTHORITY TO DISPOSE OF RECORDS

1. As records are sorted for destruction, identify if they are **records** or *copies* (usually marked with red or blue ink stamp).
2. **It's not necessary to document destruction of Office Copies.**
Use a secure method (e.g. shredding, burning, etc.) to destroy office copies with personally identifying information, including but not limited to: account names; numbers or figures; phone numbers; full names; addresses; social security numbers; etc. This may also include copies of sensitive information as defined by your department director, administrator or supervisor. A list of destruction vendors is available upon request.
3. Fill out the top portion with your information. This form is available electronically.
4. Under **Retention Schedule Number** column, use the **Retention Schedule Number** listed on the Generic Office Retention Schedule. The number must be written in the following form: *NN / NN / NN*.
5. Under the **Classification Title** column, use the **Classification Title** listed on the Generic Office Retention Schedule.
Use the following form: *Administrative Records - Specific Records Classification*.
6. Under the **Inclusive Dates** column estimate the earliest and most recent date of all records in this classification to be destroyed.
7. Under the **Volume** column, estimate the total amount of records destroyed using the following chart:

Approximate Space	Approximation in Cubic Feet
Xerox Box (or Paige Box)	1 cubic foot
1 Vertical File Drawer	2 cubic feet
1 Lateral File Drawer	3 cubic feet

8. Signatures Required

To complete this form, the Agency Head and the Vice Chancellor must **both** sign this form.

9. Certificate of Destruction

Once the Application for Authority to Destroy Records Form has been completed with the appropriate signatures, the Archives will issue the department two (2) Certificates of Destruction. **Both** are to be signed by the administrator witnessing of record destruction. One original is sent to the Archives, the department maintains the second original permanently.

INSTRUCTIONS FOR USE

1. This form is to be used for records disposals involving records which **are not stored** at the **Archives and Records Center**.
2. Records listed on the **Application for Authority to Dispose of Records must be listed** on an **approved Records Retention Schedule** for your agency, institution, or parish. Records which **are not on an approved Records Retention Schedule may not be submitted** for approval of destruction. Please contact the Archives and Records Center for further information.
3. Prepare this form in **duplicate**.
4. Fill out all lines for agency name, address, contact, and telephone. Do not fill in the space marked "**Application Number**."
5. **List Retention Schedule Number** (from approved Retention Schedule) for all records to be approved for Disposal.
6. **List Classification Title** (from approved Retention Schedule) for all records to be approved for disposal.
7. **List inclusive dates** for the specific record series to be disposed of (month and year are sufficient).
8. **List volume** for the specific record series to be disposed of. (Volume conversion charts are available from the Archives and Records Center.
9. Agency head should sign and date both copies of the form where indicated.
10. **Mail both copies** of the Application for Authority to Dispose of Records to: Archdiocese of Chicago's Joseph Cardinal Bernardin Archives and Records Center, 711 W. Monroe, Chicago, IL 60630.
11. Records **may not be disposed** of until approval has been received from the Archives and Records Center (the Archives and Records Center will act upon all Applications within **60 days** of their receipt).
12. Records **should be disposed** of immediately after the date indicated by the Archives and Records Center.
13. Records **should be** burned or shredded, if possible. Otherwise, agency head or designate should witness pick up and removal by scavenger service or authorized records destruction service. Under no circumstances should intact records be placed in an unsecured garbage can or dumpster.
14. A **Records Disposal Certificate** (attached to approved Applications) must be filled out at the time of the disposal of the records listed on the reverse of this form.
15. The approved copy of this form should be maintained in your agency's files **permanently**.

Archives and Records Center Use Only:

Date Received _____

All Records Series on Retention Schedule?

Yes

No

Added to Retention Schedule (If Necessary)?

Yes

No

I hereby certify that the records listed on the reverse are not subject to archival review and meet the criteria for destruction.

Vice Chancellor for Archives and Records

Records May Be Destroyed on _____