Reset Form

NOTICE OF DESTRUCTION OF COUNTY / LOCAL GOVERNMENT RECORDS IN ACCORDANCE WITH AN APPROVED RETENTION SCHEDULE

State Form 44905 (R10 / 4-23)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION
COUNTY / LOCAL RECORDS MANAGEMENT
402 West Washington Street, Room W472
Indianapolis, Indiana 46204
Telephone: 317-232-3380
E-mail: cty@iara.in.gov

This form is to be used only for documenting the destruction of records as scheduled on an approved county / local records retention schedule.

For requests to dispose of records not listed on a retention schedule use State Form 30505. For requests to transfer records scheduled as PERMANENT to a local historical entity instead of maintaining them in the originating office or transferring them to the Indiana Archives, use State Form 57236.

INSTRUCTIONS:

1. *Complete ALL Contact and Record Series Information fields. Record Series Number is REQUIRED for all records listed.*
   a. *If you do not know the Record Series Number, contact IARA's County / Local Records Management section for more information.*
   b. *If the records do not have a Record Series Number, use State Form 30505 as described above.*
2. *Destroy records in accordance with the listed Record Series Number and complete the Destruction Information fields on this form.*
3. *Send one (1) copy of the completed form to the secretary of your County Commission of Public Records for inclusion in the minutes of the next meeting and retain one (1) for your records.*

CONTACT INFORMATION

Name of office		County
Mt Vernon Community School Corporation		Hancock
Address *(number and street)*	City	ZIP code
1806 N State Road 234	Fortville	46040
Name of contact person	Telephone number	E-mail address
Carla Nugent/Laura Durig	317-485-3100	carla.nugent@mvcsc.k12.in.us

RECORD SERIES INFORMATION

RECORD SERIES TITLE OF RECORDS TO BE DESTROYED	DATE RANGE OF RECORDS *(m / yyyy to m / yyyy)*	RECORD SERIES NUMBER *(REQUIRED)*	VOLUME *(number of boxes, rolls, etc.)*
Special Ed part of student accumulative file	01/1992 to 12/1998	ED 16-065	25 boxes
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		

DESTRUCTION INFORMATION

These records were destroyed according to a retention schedule approved for use by the Indiana Oversight Committee on Public Records.

Signature of official destroying records		Date signed *(month, day, year)*
Printed name of official destroying records	Position	Date records destroyed *(month, day, year)*
Carla Nugent	Executive Assistant	