1. Contact Information:

School/Department/Unit: [ ]
Contact Person: [ ] Phone: [ ]
Email: [ ] Fax: [ ]

2. Records to be retained

2.1 Title / description / format of all records to be retained:
(Refer attached listing)

2.2 Date range of records to be retained: [ ]
2.3 Quantity of records to be retained: (in shelf metres)

3. Reasons for retention

Please complete either 3a, 3b or 3c and sign the authorisation

3a Retention for Legal Reasons
The records are required for the following litigation, inquiry or investigation:
(Give full details including relevant dates)

3b Retention for Demonstrated Continuing Business Use
The records are required for continuing business use as outlined below:
(Outline the business requirements and the extent of continuing access required)

3c Retention for Other Reasons
The following financial charging code may be used for the storage, retrieval and eventual destruction costs of these records:

<table>
<thead>
<tr>
<th>Account</th>
<th>Fund</th>
<th>Dept ID</th>
<th>Program</th>
<th>Class</th>
<th>Budget Year</th>
<th>Project</th>
</tr>
</thead>
</table>

The records may be destroyed after: / /

4. Authorisation:

__________________________  ________________________  ________________________
Unit Head or Executive Officer  Signature  Date

5. RAO Approval and Action (to be completed by the Records and Archives Office)

State Records GDA Reference:  Storage Arrangements:

Authorised Destruction Date(s):