STATE OF ILLINOIS
RECORDS DISPOSAL CERTIFICATE

Send to: WIU Records Officer
Ann Patridge, *al-patridge@wiu.edu*
University Archives/ Malpass Library

For assistance call: (309) 298-2717

Fill in all columns and sign. Send original and one copy to Records Officer at above address. Disposal date will be approximately 30 days from date form is submitted. Retain records until approved copy is returned to your office. **Retain approved copy permanently.**

APPLICATION #
(Authority to dispose of State Records)

STATE AGENCY: **Western Illinois University**

(Department/Division, Bureau, Section)

ADDRESS: **1 University Circle**

CITY/ZIP CODE: **Macomb 61455**

CONTACT:

ITEM # FROM APPLICATION	TITLE OF RECORD SERIES	INCLUSIVE DATES	VOLUME OF RECORDS (cu.ft. or MB/GB)	METHOD OF DISPOSAL

If any of the above records are microfilmed, I hereby certify that the film on which the records were reproduced complies with the standards given in Section 4400.50 of the Regulations of the State Records Commission.

If the records are digitized, I certify that the originals are reproduced accurately and legibly in all details in a medium that does not permit additions, deletions, or changes to the image and complies with the standards given in Section 4400.70 of the Regulations of the State Records Commission.

(Signature required only if records listed above have been microfilmed or digitized)

I hereby certify that in compliance with authorization received from the **State Records Commission** the records listed above will be disposed of on or after this date:

6/8/2017

Signature **Date**

Please print name and title on the line above

APPROVED:

Chairman, State Records Commission **Date**
Director, Illinois Archives

Rev 12/13 wiu