

State of Tennessee

TSLA RDA Form
(updated May 2025)

**RECORDS DISPOSITION AUTHORIZATION
FOR COUNTY GOVERNMENT RECORDS***

County: _____
Office or Agency: _____ Phone: _____
Address: _____
Agency Head/Officeholder: _____
Signature: _____ Date: _____

Action Requested:

- ☐ Continuing Records Disposition Authority (Records Disposition Schedule) ¹
☐ One-Time Records Disposition Authority ²
☐ Revision of/Exception to Existing Records Disposition Authority³

☐ Other Disposition (explain in attached memorandum) ⁴

Title/Description of Records:⁵ _____

CTAS Code:⁶ _____

Date Span of Records (e.g. 1988-1998): _____

Volume of Material (e.g. 25 cubic feet, 3 banker's boxes, 1 Hollinger box): _____

Proposed Disposition: ⁷

- ☐ Retain ____ months/years, then destroy.
☐ Retain ____ months/years, then film and destroy paper copy (or erase from computer record).
☐ Retain ____ months/years, then transfer to archives.

☐ Approved

☐ Not Approved

Chairperson, Public Records Commission

Date

*For the disposition of additional records within the same Office or Agency, please use the supplemental form provided below.

Please use the following instructions to correctly fill out the RDA form.

¹ A **"Continuing RDA."** This is used for a type of record(s) that an office continually creates and, thus will continually need to destroy. Once a Continuing RDA has been approved, this record type can be destroyed after its retention period without having to submit another request.

² **"One-Time Records Disposition Authority."** This is a one-time request for records that an office does not typically or continually create. If an office wants to destroy the same type of records at a later date, then another request must be submitted.

³ **"Revision of/Exception to Existing Records Disposition Authority."** This option allows for a change to an existing RDA that an office has previously submitted, but is requesting a revision due to legal or historical reasons. Be sure to include an explanation for the change.

⁴ **"Other Disposition."** This option is for circumstances where an office needs to destroy a record sooner than CTAS prescribes or that no CTAS disposition is provided at all and the office would like to create one. Be sure to include an explanation of your actions.

⁵ **"Title/Description of Records."** Please write the name or a brief description of the type of record you are requesting action on (e.g. warrants, ballots).

⁶ **"CTAS Code"** Use the five-digit CTAS code that corresponds with the record type listed on the CTAS website.
<https://www.ctas.tennessee.edu/eli/retention-schedules>

⁷ **"Proposed Disposition."** This information can be found in the CTAS website next to the five-digit code and description of record, telling how long an office should keep the record (based on the legal retention schedule) and what an office will do with the record after that period has expired.

For any questions concerning this form or the procedures for using this form, please contact:

Jami Awalt, Assistant State Archivist
Tennessee State Library and Archives
(615) 253-3458
Jami.Awalt@tnsos.gov

SUPPLEMENTAL REQUESTS FOR ADDITIONAL RECORDS DISPOSITIONS

(Page ____ of ____)

Action Requested:

- ☐ Continuing Records Disposition Authority (Records Disposition Schedule)
- ☐ One-Time Records Disposition Authority
- ☐ Revision of/Exception to Existing Records Disposition Authority

-
- ☐ Other Disposition (explain in attached memorandum)

Title/Description of Records: _____

CTAS Code: _____

Date Span: _____

Proposed Disposition:

- ☐ Retain _____ months/years, then destroy.
- ☐ Retain _____ months/years, then microfilm and destroy original.
- ☐ Retain _____ months/years, then transfer to archives.

Action Requested:

- ☐ Continuing Records Disposition Authority (Records Disposition Schedule)
- ☐ One-Time Records Disposition Authority
- ☐ Revision of/Exception to Existing Records Disposition Authority

-
- ☐ Other Disposition (explain in attached memorandum)

Title/Description of Records: _____

CTAS Code: _____

Date Span: _____

Proposed Disposition:

- ☐ Retain _____ months/years, then destroy.
- ☐ Retain _____ months/years, then microfilm and destroy original.
- ☐ Retain _____ months/years, then transfer to archives.

Action Requested:

- ☐ Continuing Records Disposition Authority (Records Disposition Schedule)
- ☐ One-Time Records Disposition Authority
- ☐ Revision of/Exception to Existing Records Disposition Authority

-
- ☐ Other Disposition (explain in attached memorandum)

Title/Description of Records: _____

CTAS Code: _____

Date Span: _____

Proposed Disposition:

- ☐ Retain _____ months/years, then destroy.
- ☐ Retain _____ months/years, then microfilm and destroy original.
- ☐ Retain _____ months/years, then transfer to archives.