

Notification of General Records Schedule Adoption

Schedule Title: _____ Date: _____

Instructions:

Complete and send the original and 2 copies to: State Archivist, Wisconsin Historical Society (WHS), 816 State St., Madison, WI 53706.

- Do not opt out of a record series because your agency does not create or use these types of records. Signing the form does not obligate an agency to create records. It only requires that records be retained in accordance with the retention time periods and dispositions if such records exist. See the Introduction to General Records Schedules for more information.
- Attach a brief narrative explaining your rationale for opting out of each record series. When a separate schedule is prepared, identify that the record series is in lieu of the general schedule and cross reference the specific series.

NOTE: Destruction or transfer of records is not permitted until this form is signed by the WHS and the Public Records Board.

Wisconsin Government Agency: _____

Address: _____

This is to notify the Wisconsin Historical Society and the Public Records Board that the agency named above has reviewed the general records schedule and taken the following action (check appropriate box):

- Opt In: We adopt the entire schedule. (Available for University of Wisconsin [UW] System and Local Units of Government)
- Opt In With Revisions: We opt (out of), (in to), (circle one) the following record series. (Available for UW System and Local Units of Government) List the specific retention schedule numbers and titles:

- Opt Out: We opt out of the general records schedule (in whole), (in part), (circle one). (Available for State Agencies) **(All applicable records disposition must cease until separate retention schedules are developed and approved by the Public Records Board.)** List the specific retention schedule numbers and titles:

Agency Head/Deputy Signature	Date Signed
Agency Records Officer Signature	Date Signed

The Public Records Board and Wisconsin Historical Society acknowledge your Notification of Adoption. You are hereby authorized to retain, transfer, and dispose of records as indicated on the schedule.

State Archivist Signature	Date Signed
PRB Executive Secretary Signature	Date Signed