**Notification of General Records Schedule Adoption**

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| General Records Schedule Title:  |       | Date:  |       |

**Instructions:** Complete page 1 of form then mail signed 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.***

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| Wisconsin Government Unit:  |       |
| Mailing 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:

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[ ]  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:

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| Designated Authority Representative Signature | Date Signed      |
| Records Officer or Records Custodian 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.

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| State Archivist Signature | Date Signed      |
| PRB Executive Secretary Signature | Date Signed      |

**Signature Instructions:** The Records Officer or Records Custodian, **and** at least oneother Designated Authority Representative, such as the Agency Head, Appointed Official (or their designee), Program Manager, Risk Manager, Legal Counsel, or Department Administrator, must review, approve, and sign before submitting to the PRB.