

**REQUEST FOR REMOVAL OF PUBLIC RECORDS  
PERSONAL DATA FILES  
FROM STATE AGENCIES  
RC-077, Revised 5/02**



**STATE OF CONNECTICUT**  
*Connecticut State Library*  
**PUBLIC RECORDS ADMINISTRATION**  
231 Capitol Ave., Hartford, CT 06106

**INSTRUCTIONS**

1. This form is to be used to request the removal/disposal of personal data under Connecticut General Statute 4-193(e), which states that an agency shall maintain information about a person which is relevant and necessary to accomplish the lawful purposes of the agency. If you deem the information unnecessary or irrelevant, use this form.
2. Please fill out this form completely; this form must be typed.
3. You do not need to attach a copy of the item to be disposed. Please accurately summarize here.
4. Return to the CT State Library, Public Records Administrator, 231 Capitol Ave., Hartford, CT 06106

**NOTE:**

*If a record falls within the retention requirements of a records retention/disposal schedule for state government, please use the standard disposal authorization form (RC-108).*

Request Date:		
Agency:	Authorized Agency Official:	
Return to (Agency Address):	Telephone:	

Summary of Agency Request:

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This information is no longer relevant or necessary to accomplish the lawful purposes of this state agency. Explain.

Has the purpose of the personal data record(s) relating to the individual been satisfied?  Yes  No If NO, please explain.

Is there any legal action for which the personal data record(s) should be held?  Yes  No If YES, please explain.

Are there any claims pending for which the personal data records(s) relating to the individual should be held?  Yes  No If YES, please explain.

Has the administrative value of the personal data record(s) to the agency been satisfied?  Yes  No If NO, please explain.

Is there any fiscal value of the personal data records(s) of the individual for which the record(s) should be held?  Yes  No If YES, please explain.

AGENCY AUTHORIZATION	I hereby certify that all the above statements are true and that no record(s) listed, in our opinion, pertain(s) to any pending or foreseeable case, claim, or action for which the statute of limitation has not run out.	
	AUTHORIZED AGENCY OFFICIAL ( <i>Type or Print</i> )	SIGNATURE ( <i>Authorized Agency Official in presence of Notary Public</i> )
Subscribed and Sworn to before me:	SIGNED ( <i>Notary Public</i> )	SEAL
	DATE	
PUBLIC RECORDS AUTHORIZATION	APPROVED ( <i>Public Records Administrator</i> )	DATE
	APPROVED ( <i>State Archivist</i> )	DATE