

**COLORADO SCHOOL DISTRICT RECORDS MANAGEMENT MANUAL
APPENDIX C - APPROVAL REQUEST FORM**

Name of School District: _____

Contact Person/Title: _____

Mailing Address: _____

Telephone Number: _____

E-Mail: _____

Exceptions: _____

(List and provide basis and description of any local exceptions for records retention periods that are specified by board resolution or formal direction of the school board, etc. that differ from those set out in the Colorado School District Records Management Manual. Use additional pages if needed.)

THE ABOVE SCHOOL DISTRICT HEREBY REQUESTS APPROVAL FROM THE COLORADO STATE ARCHIVES TO FOLLOW THE COLORADO SCHOOL DISTRICT RECORDS MANAGEMENT MANUAL, WITH THE EXCEPTIONS INDICATED.

Signature of School District Superintendent or Administrator

Date of Submittal of Request for Approval

MAIL APPROVAL REQUEST FORM TO: MR. TERRY KETELSEN, COLORADO STATE ARCHIVIST,
1313 SHERMAN STREET, ROOM 1B-20, DENVER, CO FOR FURTHER INFORMATION, CONTACT
THE COLORADO STATE ARCHIVES AT (303) 866-2550.