



STATE OF TEXAS

Records Retention Schedule Certification

SLR 105C

Form SLR 105 or SLR 122 must accompany all submissions of this form.

Section 1. Agency Information

(Submitting agencies complete this section only)

Agency Code _____

Agency Name _____

(Check one)

- Initial Certification - Form SLR 105
Recertification - Form SLR 105
Amendment - Form SLR 122

I hereby certify that this records retention schedule was prepared in accordance with Texas Government Code, Chapter 441, Subchapter L.

(Check one)

- Agency Head
Records Management Officer

Signature _____

Name (Print or type) _____

Date _____

Section 2. Approvals

(Submitting agencies do not write in this section)

State Auditor's Office

(For the exclusive use of the State Auditor's Office)

Signature _____

Name (Print or type) _____

Date _____

Texas State Library and Archives Commission

(For the exclusive use of the State Library and Archives Commission)

Signature _____

Name (Print or type) _____

Date _____

Cert/Recert No. _____ Amendment No. _____

Instructions for Completing Form SLR 105C

This form must accompany all submissions of Form SLR 105 and Form SLR 122. If you have any questions relating to completion of this form, SLR 105 or SLR 122, please contact the State and Local Records Management Division at 512-463-7610.

Formatting: When duplicating this form electronically, leave at least a ¾ inch in the top and left margins. Use 10 point font and larger for the data entered into the schedule.

Section 1:

Agency Code: Enter the 3-digit Agency Code assigned by the Comptroller of Public Accounts.

Agency Name: Enter the complete name of your agency.

Check the appropriate box to indicate use:

Initial Certification – when submitting the agency records retention schedule to the State and Local Records Management Division for the first time.

Recertification – when submitting your retention schedule to the State and Local Records Management Division for recertification.

Amendment – when making any additions, changes or deletions to a certified or recertified retention schedule.

Check the appropriate box to indicate who is signing this form:

Agency Head – when the head of the agency is signing the form.

Records Management Officer – when the agency records management officer is signing the form.

Signature: Signature of the agency head or records management officer, whichever is indicated above.

Name (Print or type): Print or type the name of the person signing the form.

Date: Enter the date the schedule is being submitted to the State and Local Records Management Division.

Section 2: DO NOT WRITE IN THIS SECTION.

Submit this form and the accompanying schedule or amendment to:

Director, State and Local Records Management Division
Texas State Library & Archives Commission
P. O. Box 12927
Austin, Texas 78711-2927