



Vermont State Archives and Records Administration

Office of the Secretary of State

1078 US RTE 2, Middlesex • Montpelier, VT 05633-7701 • Tel: (802) 828-3700 • Fax: (802) 828-3710

RETENTION OR LEGAL HOLD REQUEST

Date of Request: _____

Boxes for which a retention hold is requested: (include department prefix for each box, e.g. EC-00152)

Box Number	Box Number	Box Number	Box Number	Box Number	Box Number

Series for which a retention or legal hold is requested (include department prefix, e.g. SE-142)

Reason for placing a retention hold on these boxes or series: (check only ONE)

- These records are related to litigation, investigation, claim, negotiation, or audit.
- The agency/department/division/office needs to resurvey these records.
- The record series or retention requirements for these records are incorrect.
- Other (please describe): _____

By signing this form, I understand that:

- This request must be approved by VSARA before any retention or legal hold will be granted.
- I may be asked to submit additional information to justify a longer retention of these records.
- If this request is approved, destruction will be suspended until the hold is released and I am responsible for notifying VSARA when this hold is no longer needed. Application of the existing disposition order or record schedule will resume.

Print Name of Records Officer or Records Liaison

Agency or Department

Hand Signature / Date Not Required if form is e-mailed (see below)

Signature of Records Officer or Records Liaison

Date Signed

Please send all completed forms to the address above (Attn.: Records Center Supervisor) or send by email to sos.recordscenter@vermont.gov Forms submitted by email must be sent directly from the records officer or liaison.

Once the form is received, a VSARA RIM specialist will contact the above records officer or liaison to discuss the request.

VSARA STAFF USE ONLY		
Records Center Staff Member:	Agency Already in TAP? <input type="checkbox"/> Y <input type="checkbox"/> N	If No, Require TAP? <input type="checkbox"/> Y <input type="checkbox"/> N
Approved? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Date Entered:	If No, Explain: