

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Administrative Office File Storage Request**

Employee Requesting Storage: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Description of Contents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

Approval:

\_\_\_\_\_  
AFS Director Signature/Date

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**Disposal Authorization**

Disposal Approved By:

\_\_\_\_\_  
Disposal Approval Signature/Date