**Recommended Record Retention Periods For Business Records**

(In Retention Period Order)

**Permanent Records**

1. Appropriate ledger and related end of year trial balances

2. Cash books (receipts and disbursement journals)

3. Taxes (records and returns, including withholding statements)

4. Financial statements - Year end (others optional)

5. Insurance records (existing)

6. Minute books of directors and stockholders, by-laws

**One Year**

1. Correspondence with vendors.

2. Purchase orders issued by DVIDB

3. Registration Forms

**Four Years**

1. Insurance policies which have expired

2. General correspondence

3. Internal audit reports, including working papers

4. Miscellaneous internal reports

5. Scholarship, grant, and award recipient applications

6. Signed compliance forms

**Seven Years**

1. Accident reports

2. Accounts receivable ledgers and related trial balances

3. Bank reconciliations

4. Bank statements

5. Canceled checks

6. Contracts and leases expired

7. Duplicate deposit slips

8. Invoices to customers and from vendors

9. Purchase orders

10. Sales records

**DVIDB Agreement to Comply with Information Security Policies**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to take all reasonable precautions to assure that association internal information, or information that has been entrusted to the association by third parties such as members, will not be disclosed to unauthorized persons. At the end of my term with the association, I agree to return all information to which I have had access as a result of my position. I understand that I am not authorized to use sensitive information for my own purposes, nor am I at liberty to provide this information to third parties without the express written consent of the division president or executive board as the designated information owner.

I have access to a copy of the Information Security Policies, I have read and understand the policies, and I understand how it impacts my duties. As a condition of continued engagement, I agree to abide by the policies and other requirements found in the security policy. I understand that non- compliance will be cause for disciplinary action up to and including dismissal and perhaps criminal and/or civil penalties.

I also agree to promptly report all violation or suspected violations of information security policies to the designated security officer.

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

Signature Date

Acknowledgment: The source of this document language was provided by the Wisconsin Council for Administrators of Special Services: Board of Directors Handbook