

 Originally Issued: April 3, 2017

Reviewed: May 29, 2020

**REQUEST FOR RECORDS DESTRUCTION**

|  |  |
| --- | --- |
| CUSTODIAN OF RECORDSClick here to enter text. | SUPERVISORClick here to enter text. |
| OFFICE/SECTIONClick here to enter text. | DIVISIONClick here to enter text. |
| TODAY’S DATEClick here to enter text. | DATE RECORDS ARE TO BE DESTROYEDClick here to enter text. |
| ARE RECORDS REPLACED WITH DIGITAL COPIES:[ ] YES [ ] NO | METHOD OF DESTRUCTION:[ ] Recycling [ ] Shredding [ ] Landfill [ ] Other |

Complete Information on Records to be Destroyed

|  |  |  |  |
| --- | --- | --- | --- |
| Subfunction Name | Record title as listed on RDA | Date Span | Volume (# of boxes) |
| Enter Text | Enter Text | Enter Text | Enter Text. |
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I hereby certify that the records to be disposed of are represented correctly above and that further retention

is not required in accordance with the Records Disposition Authority or for any pending/imminent litigation.

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Signature of Supervisor Date Signature of University Records Manager Date

[ ]  Approved to Dispose [ ]  Retain/Archive