

Originally Issued: April 3, 2017

Reviewed: May 29, 2020

**REQUEST FOR RECORDS DESTRUCTION**

|  |  |
| --- | --- |
| CUSTODIAN OF RECORDS  Click here to enter text. | SUPERVISOR  Click here to enter text. |
| OFFICE/SECTION  Click here to enter text. | DIVISION  Click here to enter text. |
| TODAY’S DATE  Click here to enter text. | DATE RECORDS ARE TO BE DESTROYED  Click 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