Originally Issued: April 3, 2017
Reviewed: May 29, 2020

REQUEST FOR RECORDS DESTRUCTION

CUSTODIAN OF RECORDS	SUPERVISOR
OFFICE/SECTION	DIVISION
TODAY'S DATE	DATE RECORDS ARE TO BE DESTROYED
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)

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