



RECORDS CENTER DESTRUCTION AUTHORIZATION

Complete this form to approve the destruction of University Records as required by [Policy AD35 University Archives & Records Management](#). Review the [University's Records Retention Schedules](#) to ensure compliance with records retention and disposition requirements.

Department Name:		Department Address:	
Budget Number:		Fund Number:	Project Number:
Records Series	Box Number: Current Year-Number	Box Name: Description of Records	Date of Records
<i>i.e.; Academic Advisor's Files</i>	<i>i.e.; 2019-1</i>	<i>i.e.; Abbot-Hill</i>	<i>i.e.; 2015-2018</i>

CAUTION: DO NOT sign this authorization unless destruction of records is approved.
 Department Approval: I have the authority and do hereby approve the destruction of the above listed University Records.

Department Contact Name:

Phone Number: _____ **Email:** _____

Signature: _____ **Date:** _____

OFFICE OF RECORDS MANAGEMENT USE ONLY

Records Management Approval for Destruction

Signature: _____ **Date:** _____

Records Center: I hereby certify that the above listed University Records were securely destroyed.

Signature: _____ **Date:** _____