



RECORDS CENTER DESTRUCTION AUTHORIZATION

Complete this form to approve the destruction of University Records at the [Records Center \(IRC\)](#). Review the [University's Records Retention Schedules](#) to list the records series to ensure compliance with records retention and disposition requirements.

Department Name:		Department Address:	
SIMBA Number: <i>Cost Center (CC), Internal Order (IO), or WBS Element</i>		SIMBA General Ledger (GL):	
Box Number: Current Year-Number	Records Series: See Retention Schedules*	Box Name: Descriptive Range of Folder Titles	Date of Records:
<i>i.e.; 2018-1</i>	<i>i.e.; Academic Advisor's Files</i>	<i>i.e.; A-L, Graduated 2018</i>	<i>i.e.; 2014-2018</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:

PSU Email/Access ID:

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: