

REQUEST FOR RECORDS DESTRUCTION

Administrative Unit: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

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Records Schedule Title	Records Schedule #	Date Span	Volume

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I HEREBY AUTHORIZE THE DESTRUCTION OF THESE RECORDS AND CERTIFY THAT THEY ARE ELIGIBLE FOR DESTRUCTION PER THE RETENTION SCHEDULE:

Requestor: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

IRMO: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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I HEREBY CERTIFY THAT THE RECORDS DESCRIBED ABOVE WERE DESTROYED:

\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_