

USE THIS FORM FOR THE DESTRUCTION OF ORIGINAL RECORDS ONLY!!!

This box cannot be destroyed until proper approval has been authorized. Please list application number, item number, and dates of records below.

***See retention schedule for application number, item number and record title**

APP.# / ITEM #	RECORD TITLE	DATES OF RECORDS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO: RECORDS MANAGEMENT DEPARTMENT: _____

Records Coordinator Date

Director/Dean Date

DO NOT WRITE BELOW THIS LINE FOR RECORDS MANAGEMENT DEPARTMENTAL USE ONLY!

Date approved for destruction: Date destroyed: Destroyed by: _____