



Records Destruction Authorization

INSTRUCTIONS: Complete the form in ink or as a fillable pdf using the Records Retention Manual Schedules and forward the original signed form to **RISK & COMPLIANCE SERVICES** for approval. When the approved copy is returned to you, destroy the records, date, sign, and file the copy.

School/Department _____ Date _____

Name or Description of Records	Period Covered		Minimum Retention Period	Disposition Authority Number	Records Manual Page Number	Remarks
	From	Through				

Destruction of the Above Listed Records:

Requested by _____ Title _____ Date _____

Building/Program _____

Administrator Approval _____ Title _____ Date _____

DISTRICT APPROVAL SIGNATURE: Approved by:

Andi Tress, Executive Director of Finance Date _____

Destruction of the above listed records was completed by means of _____

Date of Destruction _____

Destruction witnessed by _____ Title _____