Records Destruction Authorization

INSTRUCTIONS: Complete the form (in ink) using the Records Retention Manual Schedules and forward to **GENERAL COUNSEL** 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 From	Through	Minimum Retention Period	Disposition Authority Number	Records Manual Page Number	Remarks

Destruction of the Above Listed Records:

Requested by _____ Title _____ Date _____

Building/Program Administrator Approval _____ Title _____ Date _____

DISTRICT APPROVAL SIGNATURE: Approved by:

_____, Gayla Jenner , Director of Business Services Date _____

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

Date of Destruction _____

Destruction witnessed by _____ Title _____