

DOCUMENTATION FOR DISPOSITION OF RECORDS

Office / Department: _____

Description of records to be destroyed:

Format of records: (e.g., electronic or paper): _____

Inclusive dates of records to be destroyed: _____

Approved retention period: _____

Please give careful consideration to any records you have that are, or you reasonably believe could be, involved in litigation. Any questions should be directed to the Office of the General Counsel.

Approval of Destruction of Records

Disapproval of Destruction of Records

Reason for requiring longer retention:

Department Head (Print Name)

Department Head (Signature)

Date

Final Disposition:

Deleted/Destroyed

Archived

Person Who Deleted/Archived Records (Print Name)

Person Who Deleted/Archived Records (Signature)

Date