Office: ________________________________________________________________

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: ______________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Department Head                         Date

__________________________________________________________________________

Final Disposition: [ ] Deleted/Destroyed     [ ] Archived

Printed Name of Person Who Deleted/ Archived Records

__________________________________________________________________________

Signature of Person Who Deleted/ Archived Records