

**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**