



Records Management Certificate of Destruction

The following indicates records that your department has identified for destruction. Please forward this original form to Gloria Chao, Deputy Director, Human Resources, in room S717D for approval. A signed copy of this form will be returned to you to indicate that the records may be destroyed.

Department: _____

| Item # as per Schedule | Record Series Title | Retention as per Schedule | Date Eligible for Destruction | Date Range of Docs t/b Destroyed | Description of Docs t/b Destroyed | Dispose Date | Disposed By | Box Number |
|------------------------|---------------------|---------------------------|-------------------------------|----------------------------------|-----------------------------------|--------------|-------------|------------|
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Prepared by: _____

Date: _____

Department Liaison: _____

Date: _____

Gloria Chao: _____

Date: _____