



RECORDS DISPOSITION FORM

Part A: Notice of Disposition Eligibility

(Complete and send to General Counsel for Approval BEFORE Disposing of Records.)

FROM: _____ DATE: _____

DEPARTMENT/OFFICE: _____

TELEPHONE: _____ E-MAIL: _____

The following record series are eligible for disposition/destruction, in accordance with the approved records retention schedule of this department. Note: Records containing personally identifiable information (i.e., names, ssn, grades, salaries...) must be shredded.

Record Series #	Records Series Title	Period Covered mm/yyyy-mm/yyyy	Quantity (Measure in Inches)	Disposition Method (Shred/ Recycle/Delete)	Format (Paper Electronic, Other)

Part B: Approval of Disposition

The above records series are approved for disposition.

 General Counsel Signature

 Date

Part C: Certification of Disposition

I certify that the above record series was, on this date, disposed by me, in accordance with the approved records retention schedule of this unit.

 Department Signature/Title

 Date