Records Disposal Form

Completion of this form authorizes the transfer of the records indicated on this form from the Department/Office named below to the secure document storage facility provided by Central Receiving where the records will be **immediately** destroyed through an approved destruction process.

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**Box #**

**Department Name**       **Record Type**

**Record “From” Date (date of oldest record)**       **Record “To” Date (date of most current record)**

**Retention Period (in # of years)**       **Destroy Date**

**Departmental Signature**       **Date**

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**To be completed by Central Receiving upon receipt in Document Storage facility:**

**Date Received**       **Box #**       **Box Location**

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**To be completed by Central Receiving at the time records are destroyed:**

**Date Destroyed**       **Method of Disposal**       **Signature of Responsible Party**

- Copy of Completed Records Disposal Form has been sent to originating department reflecting the proper disposal of said records.