Records Transfer and 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. Central Receiving will retain said records until date indicated by “Destroy Date” at which time Central Receiving will dispose of the records through an approved disposal process.

___________________________________
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

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

_________________________________          __________________________ __________________________
Date Received             Box #    Box Location

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

_______________________________________________________       __________________________
Name of Individual in originating Department providing approval for destruction Date

__________________________________________  Method of Disposal          __________________________
Date Destroyed                              Signature of Responsible Party

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