



Certificate of Records Destruction

DIVISION/COLLEGE: _____

OFFICE/DEPARTMENT: _____

PERSON COMPLETING FORM: _____

MANAGER/CHAIRPERSON: _____ DATE: _____

(Approval Signature - obtain prior to forwarding to Retention Manager)

IS THERE A LITIGATION HOLD ON THESE RECORDS? YES NO

Record Series Title (As listed on records retention schedule) Name of Documents	IUC Retention No.	Medium Code (paper, electronic)	Volume (see volume guides)	Date of Series	
				From: Mo/Yr	To: Mo/Yr

UNIVERSITY RECORDS RETENTION MANAGER

(Approval Signature) _____ DATE: _____

Complete this portion after destruction and forward copy to records retention manager

Method of Destruction: _____ **Date of Destruction:** _____

I certify that the above listed records were destroyed on the date listed above and by the method listed above.

Signature of Designee _____

Department/Office should maintain copy; send completed original to University's records retention manager.