

## RECORD DESTRUCTION FORM

### For Archival Records

**Department / Office of Origin:** \_\_\_\_\_

**Records Description** (as listed on retention schedule):

**Date Range of Records:**

**REASON FOR RECORD DESTRUCTION** (check all that apply)

- Retention period expired in accordance with SBOE/OSBE schedule
- Duplicate copy
- Working papers not required for retention
- Paper records converted to trusted digital copy in accordance with institutional practice
- Other:

**METHOD OF DISPOSITION**

- Confidential secure shredding (on-site)
- Confidential secure shredding by contracted third party
- Secure deletion of electronic records (per institutional procedure)
- Other:

By signing below, approvers certify that, to the best of their knowledge, there is no active litigation, audit, public records request, or legal hold that would prohibit destruction of these records in accordance with the approved retention schedule.

Department Head:

Risk Manager:

Library Director: