

Request for Disposal of Duplicate or Convenience Record Copies

To:	Business Services	Date:	_____
From:	_____	Ext.:	_____
Dept:	_____		
Subject:	Destruction of Records		

<u>Department Instructions:</u>	
<i>Please destroy departmental records. I certify that these records are convenience copies or duplicate copies and are no longer needed by the department. Note: When commercial shredding is required, the departmental cost center will be billed at a cost of .25/pound.</i>	
_____	We will deliver these records to Business Services
_____	Pick up records from Room _____, Building _____
<i>Other comments:</i> _____	
_____	_____
Departmental Signature	Departmental Cost Center - Required

<u>Records Retention Use Only</u>	
Date Records were picked up/delivered _____	By Whom: _____
Date Records were Destroyed _____	By Whom: _____
Method of Destruction: Trash _____ Shredded _____ Commercial Disposal _____	
Remarks: _____	

Instructions:

- Complete original and one copy for each box.
- Fold one copy along the bold lines and tape to the box end, below handle
- Forward original copy to Business Services Department