**Certificate of Destruction/Transfer**

**Report of Records Disposition For Records on Approved Retention Schedule**

Retain blue copy. Forward yellow copy to Records Management Division

**AUTHORITY**

Date of Approved Schedule or Manual

Date

Agency Name

Org. Unit

Phone / E-mail

Address

City

State

Zip

**Records Disposed Of**

**Records Series**

**Dates Covered**

**Estimated Volume (Cubic Feet)**

**From**

**Thru**

Destroyed Transferred to Archives Other

Name

Title

Signature

Date