**Certificate of Records Destruction**

DIVISION/COLLEGE:

OFFICE/DEPARTMENT:

PERSON COMPLETING FORM:

MANAGER/CHAIRPERSON: DATE:

**(Approval Signature - o*btain prior to forwarding to Retention Manager)***

***IS THERE A LITIGATION HOLD ON THESE RECORDS?***

***YES***

***NO***

UNIVERSITY RECORDS RETENTION MANAGER

DATE:

**(Approval Signature**) \_

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.

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

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