



Certificate of Records Destruction

Complete this form and submit to:
Business Office/Records Management
Inter-Campus mail: P.O. Box 4635
Email: recordsmanagement@apsu.edu

College or Administrative Unit:

Department:

Office:

I request authorization to destroy the records listed below. I certify that the listed records are no longer of any value for official or administrative purposes and that they are eligible for disposal in accordance with APSU Policy 4:017, Records Retention and Disposal of Records. I further certify that no records will be destroyed until the University Records Officer has made a recommendation to dispose of them and that the listed records will be destroyed as intended in a timely manner after receiving the Records Officer's recommendation.

NOTICE OF INTENTION: The scheduled records listed below are to be disposed of in the manner checked (specify only one):

Destruction Scanning and Destruction Other _____

Records Custodian Printed Name:

Records Custodian Signature:

Date:

Phone:

Name of Record (as listed on the Retention and Disposition Schedule)	Related RDA Number	Dates of Records		Volume of Records <small>(a box measuring 10 x 12 x 16 inches is generally counted as a cubic foot)</small>
		FROM	THRU	

ADMINISTRATIVE USE
ENDORSEMENT OF UNIVERSITY RECORDS OFFICER

Do Not Recommend Disposal Recommend Disposal

University Records Officer Signature: _____

Printed Name: _____ Date: _____