

## REQUEST FOR RECORDS DESTRUCTION

Department:	Location:			
Records Schedule Title		Schedule Number	Date Span	Volume
			•	
I authorize the destruction of these records and certify tha	t they are e	ligible for destruction pe	r the retention se	chedule:
Requestor Name	Title			
Signature	Date			
Supervisor Name	Title			
Signature	Date			
Records Manager	Title			
Signature	Date			
I certify that the records described above were destroyed:				
Requestor Name	Title			
Signature	Date			

The completed form should be emailed to <a href="mailto:legal@gcsu.edu">legal@gcsu.edu</a> and <a href="mailto:Holly.Croft@gcsu.edu">Holly.Croft@gcsu.edu</a>.