Print Form

DATE: _____

RECORDS DESTRUCTION REQUEST

RECORDS OF _____

(DEPARTMENT) (DIVISION/SECTION)

LOCATION _____

CONTACT NAME/PHONE

_____

☐ **CHECK HERE IF RECORDS CONTAIN PERSONAL IDENTIFYING INFORMATION**

RECORDS SERIES NUMBER & TITLE	NUMBER OF BOXES	TECH RECEIVING BOXES

FAX COMPLETED REQUEST TO 351-8456
OR Mail to Document & Micrographics Management