

Date: _____

Department: _____

Form RM-1: RECORDS DESTRUCTION AUTHORIZATION FORM

The records listed below (or on the attached list) are **scheduled to be destroyed**, as indicated on the Records Retention Schedule.

The records are not the subject of any claim, litigation, investigation, or audit.

(List records here, or attach a list)

Records Description	From (Start Date)	To (End Date)	Box #	Retention No.	Retention Period

Check one option for destruction:

- Shredding is Required (Records contain private information) OR
- Recycle (Records do NOT contain private information)

Employee Preparing Records

Extension

Date

DOCUMENTS HAVE BEEN REVIEWED AND APPROVED FOR DESTRUCTION

Department Head / Division Manager

Date

The Office of Record / Department approving the destruction of records coordinates shredding arrangements.

(Complete after the destruction has been performed if done by Employees. If destruction is performed by a commercial vendor, have them provide you with a certificate.)

I HEREBY CERTIFY that the items listed above have been destroyed in accordance with policies and procedures:

Employee Performing Destruction

Date

Retain this form in your department. Refer to the County-Wide schedule for how long to retain this form.