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

Return this form to the Office of Record, who will assist with coordinating 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 the Lead Department following Authorization & Records Destruction. Refer to the current records retention policy for how long to retain this form.

©1998-2024 Gladwell Governmental Services, Inc.