Dispose of Records Request Form

Date of Request: _____

Department: _____ Control Number: _____

Contact: _____ Phone: _____

The following described records have no further legal, fiscal, administrative or historical use to this department. There are no audits, litigation or claims pending or anticipated against them. We certify that they have met [Company Name] retention requirements.

Preparer: _____ Date: _____

Department Head: _____ Date: _____

Records Management Officer: _____ Date: _____

Description of Records to be Disposed

Record Title	Retention Period	Date Range of Records	
		From	To

_____ _____

Departmental Records Management Signature Date