



IDAHO STATE UNIVERSITY
 Records and Information Management Program
Request for Records Destruction Approval

Purpose and use of this form:

1. Use this form to document records that have met or exceeded their retention period as defined by the Records Retention Schedule (see the Records Management website at www.isu.edu/infomgmt).
2. List the (a) total number of *boxes* to be destroyed, along with (b) a description of their contents, and (c) the date range of the records in each box.
3. The Manager for the department requesting destruction approval must sign this form prior to Records Manager approval. ***By signing, the Manager agrees to the destruction of the listed records.***
4. Destruction Approval is required until the department completes its records inventory and a departmental records retention schedule is established.
5. Questions about retention periods (how long to keep records) should be directed to the Records Manager at 282-3251.

College/ Division: Department:	Records Coordinator/Dept. Contact Name:	Phone #
Mail Stop:	Email:	Fax#

BOXES (SEQUENTIAL NUMBER)	DESCRIPTION OF RECORDS (Type of records in each box)	YEAR OF RECORD	DESTRUCTION TO BE PERFORMED BY	For Records Management Use Only	
				RECORDS RETENTION SCHEDULE ID	RETENTION MET? Yes/No
EX: 1-4	Personnel files – terminated staff, non-faculty. Applications and evaluations	1996-1999	Approved Shredding Vendor		

DEPT. MANAGER'S NAME	APPROVED DESTRUCTION: (Records Manager or University Archivist)
DEPT. MANAGER'S DATED SIGNATURE	
Date: _____	