DEPAUL UNIVERSITY

OFFICE OF THE SECRETARY

Department of Records Management

Records Disposal Certificate

Date	DeptID:	Name of Records Coordinator/Department Rep (Please Print):		Phone:
College or Administrative Unit:		Department:	Address:	E-mail:

Authority Approval

Pursuant to DePaul's Records Management Policy, I hereby state that the following records are no longer needed in the course of business and are of no historical significance. I have reminded the records' custodians that they should not dispose of documents that are subject to a legal hold. I request the authority to dispose of these records in accordance with the DePaul Records Management Records Retention Schedule.

Signature: Records Coordinator/Department Rep	Date	Signature: Supervisor	Date

Records To Be Disposed Of

Record Group No.	Records Group	Dates Covered		Estimated Volume (Cubic Feet)
		From	Thru	

Records Management Approval

Signature: Department of Records Management	Date	Signature: Office of the General Counsel	Date

Receipt of Destruction

I hereby certify that in compliance with the Records Management Policy the aforementioned records were destroyed on _____.

☐ Destroyed by shredding ☐ Destroyed by disposal

Signature: Records Coordinator/Department Rep	Date	Signature: Supervisor	Date

For more information about DePaul's records management policy and program visit the Department of Records Management online at http://rm.depaul.edu.