



Date: _____ School/Dept. #: _____

Name: _____

School/Dept.: _____

Telephone#: _____

Signature: _____

Printed Name: _____

Record Series #	Description of Records	School Year Produced	Number of Boxes
		Total Number of Boxes	

Page ____ of ____

Records Management Department Use Only

Destruction Approval:

2009 2009