# Records Destruction Form

**Department Name:**

**Department Address:**

**Date:**

**Department Telephone:**

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<th>Record Type</th>
<th>Date Range</th>
<th>Destruction Method</th>
<th>Date Destroyed</th>
<th>Destroyed By</th>
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**Approval**

_________________________________________  ________________________

Records Management Administrator  Date

_________________________________________  ________________________

Department Head  Date