

REQUEST FOR RECORDS DESTRUCTION

Administrative Unit: _____

Building: _____ Room Number: _____

| Records Schedule Title | Records Schedule # | Date Span | Volume |
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I HEREBY AUTHORIZE THE DESTRUCTION OF THESE RECORDS AND CERTIFY THAT THEY ARE ELIGIBLE FOR DESTRUCTION PER THE RETENTION SCHEDULE:

Requestor: _____

Name _____ Title _____

Signature _____ Date _____

Manager: _____

Name _____ Title _____

Signature _____ Date _____

IRMO: _____

Name _____ Title _____

Signature _____ Date _____

I HEREBY CERTIFY THAT THE RECORDS DESCRIBED ABOVE WERE DESTROYED:

Name _____ Title _____

Signature _____ Date _____

Return To:
Records Management
Georgia Tech Library
404-367-0499