REQUEST FOR RECORDS DESTRUCTION

Department: **Location:**

Records Schedule Title	Schedule Number	Date Span	Volume

I authorize the destruction of these records and certify that they are eligible for destruction per the retention schedule:

Requestor Name Title

Signature Date

Supervisor Name Title

Signature Date

Records Manager Title

Signature Date

I certify that the records described above were destroyed:

Requestor Name Title

Signature Date

Please email the completed form to legal@gcsu.edu.

Rev. 07/2026