

# Self-Report Notice of Records Eligible for Destruction

## For Records that Completed Mandated Retention Periods

*Download and save this document prior to filling it out so it can be signed electronically.*

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**This form must be filled out electronically in order for it to be processed. Handwritten signatures, however, are accepted.**  
Use this form *ONLY* to report records that are eligible to be destroyed *and* are on a current approved Retention Schedule.  
(Request a separate form to report records accidentally destroyed *prior* to the completion of retention periods.)

### Instructions:

1. Fill in the name, department name, and University email address of the person submitting the form. Also, fill in the form creation date.

#### Do the following for each line pertaining to the records eligible for destruction (one line per record type):

2. Enter the Record Series Code Title by copying the exact record series code title found on the approved Retention Schedule being followed.
3. Select the Retention Schedule used. The two choices are either the *AZ State* set of general schedules or the *UA Custom* schedule.
4. Enter the retention period (in years) for the type of record being destroyed.
5. Enter the Record Series Code / Item number for the type of record being destroyed.
6. Enter the *start date* and *end date* (mm-dd-yyyy) of the records you are requesting to destroy.
7. Enter the date (mm-dd-yyyy) the records were *eligible for destruction*. Use the *Retention Remarks* on the schedule to calculate this date.
8. Enter the type of media of the records: *Paper, Digital, Microfilm, Microfiche, Audio Tape, Video Tape, etc.*
9. Enter the *quantity* and *unit type* of the records. For example: Quantity + *Boxes, Files, Reels, Cassettes, Gigabytes (or similar), etc.*  
Note: The preferred unit of measure for physical records is either in the number of actual files or the number of standard size record boxes.  
(To convert loose records stored in a filing cabinet drawer into "Boxes of Records," every 15 inches of records is equal to 1 Box.)
10. Enter the department responsible for destroying the records listed on the form. Include the name and email of the person assigned to the task.
11. Enter the anticipated date (mm-dd-yyyy) the destruction will begin. This date should be at least 2 weeks *after* form is submitted for approval.
12. Send the form to the Approver to fill in and sign. At a minimum, the Approver needs to be a department manager or equivalent.
13. Email the completed form to [FNSV-RECORDS-ARCHIVES@arizona.edu](mailto:FNSV-RECORDS-ARCHIVES@arizona.edu) for approval. Use "**Destruction Notice**" in the email subject line.

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Once signed, this form will be returned to the requester so the department may properly destroy the records indicated on the form using a State approved method. State approved methods include using an in-office shredder (cross-cut minimum) or a vendor certified by the National Association for Information Destruction.

Keep the records associated with this destruction approval along with any relevant supporting information *in-house* for a minimum of 5 years after the destruction date.  
Important reminder: Departments are responsible for being able to answer any questions relating to the exact records being destroyed for the 5-year period.  
Upon completion of this 5-year period, all departmental copies related to this destruction approval may be destroyed *without* notifying Records & Archives.  
Records & Archives will maintain the original of this signed destruction notice form for an extended period of time using AZ State Record Series code 10301.

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**Allow for up to 2 weeks from date of submission to receive a signed response. Contact the Records & Archives Manager if you have any questions.**



# Self-Report Notice of Records Eligible for Destruction

For Records that have Completed Mandated Retention Periods

Form creation date: \_\_\_\_\_

As authorized under ARS §41-151.19, "A report of records destruction that includes a list of all records disposed of shall be filed at least annually with the State Library on a form prescribed by the State Library." Completing this document is the first step in that process. Records & Archives will take the information you provide herein and will notify the State Library on your behalf. The requester listed on this document is responsible for ensuring the information provided is accurate and that no litigation or administrative holds on these records exist. When in doubt about litigation holds, contact the Office of General Counsel to confirm. If requested by the State or other authorized entity, the department indicated below is responsible for answering any questions about the specific records to which this specific form applies. Once approved by Records & Archives, only the records listed on this specific form may be destroyed using State approve methods. This specific form (once signed by the Records & Archives Manager), along with any relevant supporting information, must be retained by the department for a period of 5 years after the destruction date. After 5 years have elapsed, this copy of the report may be destroyed at the discretion of the department. (Note: The official signed version of this record will be retained by the Records & Archives office using Record Series Code 10301 for an extended period of time.)

<b>Requester Name</b> _____	<b>Approver Name</b> _____
<b>Department</b> _____	<b>Signature</b> _____ <b>Date</b> _____
<b>Email</b> _____	<small>(Manager or Above)</small> <b>Title</b> _____ <b>Email</b> _____

Type of Record Based on the Record Series Code Title (Enter the Exact Title of the Record Series Only)	Retention Schedule Used (Pick One)	Record Series Code / Item #	Retention Period (Yrs)	Records Start Date <small>(mm-dd-yyyy)</small>	Records End Date <small>(mm-dd-yyyy)</small>	Eligible to Destroy Date <small>(mm-dd-yyyy)</small>	Media Type (Paper, Digital, Microfilm, etc.)	Quantity & Unit (Number of Files, Boxes, Reels, Electronic File Sizes, etc.)

Person Responsible for Records Destruction:	Email: _____	Department: _____	Anticipated Destruction Start Date: _____
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Records & Archives Manager Name: <b>Andy Bryant</b>	Records & Archives Approval Signature: _____	Records & Archives Approval Date: _____
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