

Departmental Records Destruction Form

For Records that Completed Mandated Retention Periods

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.

Departments are responsible for ensuring there are no active records holds in place associated with the records on this form.

(Request a separate form to report records accidentally destroyed *prior* to the completion of retention periods.)

Instructions:

Note: This form is updated periodically to conform with Records & Archives guidelines. Always ensure you are using the latest version of the form.

1. **First: Save the latest version of this form** available on the Records & Archives website to your computer to fill out your request electronically.

*** Do not fill out the form directly from the website ***

2. Fill in the form submission date and the name, department name, and University email address of the person submitting the form (aka the Requester).

Note: *The Requester must be a staff or faculty member of the University. Student employees are not authorized to submit destruction requests.*

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

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

Note: Do not route the completed form to Records & Archives via Adobe Sign because information will need to be added to the form.

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

Keep any records associated with this destruction approval and any relevant supporting inventory 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 the 5-year period, all departmental copies related to a destruction approval may be destroyed *without* notifying Records & Archives.

Records & Archives will maintain the original of this signed Departmental Records Destruction Form for an extended period of time using AZ State Record Series code 10301.

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

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Form submission 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 approved 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.)

Requester Name _____ Department _____ Email _____	Approver Name _____ Signature _____ Date _____ _____ (Manager or Above) Title _____ Email _____
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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 (mm-dd-yyyy)	Records End Date (mm-dd-yyyy)	Eligible to Destroy Date (mm-dd-yyyy)	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: Andy Bryant	Records & Archives Approval Signature:	Records & Archives Approval Date:
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