

# Records Disposition Report

Name:

Department:

Phone:

According to the approved IUC Records Retention Schedule the records listed on the detail portion of this report have fulfilled their retention requirement and are eligible for destruction. Please approve the destruction of these records unless a reason to delay exists. If the destruction is to be delayed, please provide the reason in the space below marked "Reason for Delay"

Reason for Delay

## Destruction Authorization

Department Head:

Date:

Associate General Counsel:

Date:

## Destruction

The University Archivist's signature below certifies approval of the destruction of the records listed on the detail portion of the report and the Records Manager's signature certifies that these records have been destroyed.

University Archivist:

Date:

Records Manager:

Date: