

UNIVERSITY OF SOUTH ALABAMA
RECORDS DESTRUCTION NOTICE

Instructions:

Complete Sections 1 & 2, obtain Supervisor's signature and send completed form to:

Dr. Richard Wood, Dean of Libraries
UL 145

If you have any questions, please e-mail Dr. Richard Wood at rwood@bbl.usouthal.edu

Section 1

Name:	Supervisor:
Office Address:	Department:
Telephone:	Fax:
Today's Date:	Date Records are to be Destroyed:
Are records replaced with microfilm copies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Destruction: <input type="checkbox"/> Recycling <input type="checkbox"/> Shredding <input type="checkbox"/> Landfill <input type="checkbox"/> Other _____	

Section 2

Departmental Record Title	RDA Record Title and Page # As listed in Records Disposition Authority	Date Span mm/dd/yy- mm/dd/yy	Volume (cubic feet)

I hereby certify that the records listed above, to be disposed of, are represented correctly and that further retention is not required in accordance with the Records Disposition Authority or for any pending/imminent litigation.

Signature of Supervisor

Date

Agency Records Officer

Date