

**University of Alaska Statewide System  
 Certificate of Destruction  
 For Records on Approved Retention Schedules**

<sup>1</sup> Date Transferred for destruction:	<sup>2</sup> Records Coordinator:	<sup>3</sup> Authorized Disposition Schedule:
<sup>4</sup> MAU:	<sup>5</sup> Department/Unit:	<sup>6</sup> Phone:
		<sup>7</sup> E-mail:

<sup>8</sup>Location:

**Records to be Destroyed**

<sup>9</sup> Records Series (Includes record title and interim schedule number)	<sup>10</sup> Dates Covered		<sup>11</sup> Date Destroyed	<sup>12</sup> Method of Destruction
	From	Through		

<sup>13</sup> Requestor:	Title:
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Signature:	Date:
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<sup>14</sup> Supervisor Approval:	Title:
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Signature:	Date:
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**Destroyed By**

<sup>15</sup> Name:	Title:
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Signature:	Date:
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Upon disposition retain this form for your records

## **Instructions for completing the Draft University of Alaska Statewide System Certificate of Destruction form:**

The person submitting records for destruction completes blocks 1 through 10 on the certificate of destruction form.

Block 1. Enter the date the documents are transferred to the Statewide records coordinators office for destruction

Block 2. Name of departmental records coordinator

Block 3. Interim retention/disposition schedule

Block 4. Major Administrative Unit

Block 5. Department or unit submitting records for destruction

Block 6. Department or unit phone number requesting destruction

Block 7. E-mail address of individual submitting the records for destruction

Block 8. Campus or sub campus submitting records for destruction

Block 9. Title of records series to be destroyed

Block 10. Inclusive dates of records destroyed.

The Statewide Records Coordinator completes blocks 11 and 12

(If your office does not process its records through the SW Records Coordinator then the person responsible for your MAU records destruction should complete the following blocks.)

Block 11. Records destruction date

Block 12. The method of destruction - burned, shredded, or pulverized

Block 13. Name and title of person requesting destruction, signature, and date submitted.

Block 14. Name and title of supervisor requesting destruction, signature, and date approved

Block 15. Name, signature, and title, of Statewide Records Coordinator who destroyed or witnessed the destruction of the records to include date of destruction