

Certificate of Records Destruction

Page _____ of _____

Date Prepared	
Department/College	
Office/Department	
Prepared By	
Manager/Chairperson <i>(obtain prior to forwarding to Retention Manager)</i>	

Please email this form to recordretention@csuohio.edu for approval.

***IS THERE A LITIGATION HOLD ON THESE RECORDS? YES NO**

Record Series Title <small>(As listed on records retention schedule)</small> Name of Documents	IUC Retention No. & Page No.	Medium Code <small>(paper, electronic)</small>	Volume <small>(see volume guides)</small>	Date of Series From: Mo/Yr To: Mo/Yr

Records Retention Manager Approval	
Date Approved	

Complete this portion after destruction.

Method of Destruction _____ I certify that the above listed records were destroyed on the date listed above and by the method listed above.	Date of Destruction:
Signature of Designee _____ Department/Office should maintain copy; send completed original to University's records retention manager.	Notes:

* See Program Manual CRD Instructions Regarding Litigation Holds