



Records Disposition Form

Department Name: _____

Date: _____

Building/Room No.: _____

Phone: _____

Contact Person: _____

E-mail: _____

Records/Document Title	Inclusive Dates	Volume Disposed (cubic feet)	No. of Boxes
	-	cf	bx

Instructions:

Consult the General Records Schedule (<http://aumnicat.aum.edu/forms/AUMGRS.pdf>) for a citation to describe the records or documents. If no citation is available, contact Jason Kneip in the Archives & Special Collections department at ext. 3213 or jkneip@mail.aum.edu.

If more space is needed other than what is provided, attach an added sheet along with this form. Please detail added items in the same format as above.

Once the form has been completed, send a copy to Jason Kneip in the Library Tower, Room 804 for review.

After it has been reviewed, a copy will be returned indicating that destruction of the records or documents may proceed. **Do not destroy records until you receive a copy of the signed disposition form.** If there are any questions, you will be contacted for further information. In destroying any records with personally identifiable information (e.g., social security numbers, addresses, phone numbers, etc.) shredding is the required method of destruction.

NOTE: A cubic foot of records or documents is one letter-sized archival or office storage box measuring 10x 12x 15 inches.

Authorized Library Representative

Date

Have documents/records to be destroyed been microfilmed? Yes ____ No ____