



## SHREDDING OF TRANSITORY RECORDS

This service is for [transitory](#) records and [non-record](#) material only. Other [forms](#) should be used for [University records](#) and student work.

### INSTRUCTIONS

1. Box the material for shredding in any box that is manageable to lift when full.
2. Seal and write "TRANSITORY" on each box.
3. Complete all sections of this form, including a detailed description of the materials being shredded.
4. Print and sign one copy of the form.
5. Affix the signed form to the first box using a small piece of tape.
6. Put in a [work request](#) with Facilities to have the box(es) moved to Records Management.

### DEPARTMENT INFORMATION

Department	
Contact Person	Phone Number
Number of boxes to be destroyed ( <b>Please do not use 2 cubic foot moving boxes</b> )	
Photocopy paper boxes _____	Other (describe): _____
Records Centre boxes _____	

### RECORDS DESCRIPTION

Detailed description of records to be destroyed (attach separate list if necessary):
Date range of records: _____ To _____
These records are:          Copies          Originals

### DEPARTMENTAL AUTHORIZATION

Account code to charge shredding costs: _____ - _____ - 6015 - _____		
<small>Fund</small>	<small>Org</small>	<small>Prog</small>
Authorized signature	Date	

### CERTIFICATE OF DESTRUCTION (Records Management use)

Date of destruction	Shredding witnessed by:
---------------------	-------------------------