



RECORDS DESTRUCTION FORM

VANDERBILT UNIVERSITY ARCHIVES

DEPARTMENT/OFFICE: _____

ADDRESS: _____

CONTACT PERSON: _____ **Telephone Number:** _____

Having reviewed the following records currently stored at the Vanderbilt University Archives and finding that they have exceeded their scheduled retention period and have no further value to this office, I hereby authorize their destruction. I certify that I am authorized to order the destruction of these records and that the following list is accurate. I further certify that to the best of my knowledge, all audit requirements have been satisfied and these records are not subject to any current or pending litigation, subpoena, or other legal demand for their retention or disclosure.

Records to be destroyed	
Quantity of records (in cubic feet)	Description of Records [Date Ranges]

Department Head: _____
(please sign) (title) (date)

University Archivist: _____
(please sign) (date)

I hereby acknowledge that the records listed here have been destroyed.	
Name: _____	Title: _____
(please sign)	(date)