



West Texas A&M University—University Records Management  
**RECORDS DESTRUCTION FORM**

Page \_\_\_\_ of \_\_\_\_

Department		Total # of Boxes
Date	Fax	Telephone

User Box #	Retention Schedule Item #	Description of box contents with first and last folder listed. The contents of each box should be listed separately.	Inclusive Dates	Type of Destruction (S, D, OV)

**CAUTION:** A state record may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of the retention period. The record must be retained until completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later. Section 441.187(b) Texas Government Code. Any record subject to federal audit must be retained until the expiration of the audit period or the period specified in the TAMUS Records Retention schedule, whichever is later.

**Request for Departmental Destruction**

(Check One)

- I certify that these are CONVENIENCE COPIES that are no longer needed by the department.
- I certify that these are OFFICIAL RECORDS that are past the retention period specified by the TAMUS Records Retention Schedule and that all audit and administrative requirements have been satisfied.

**Note:** Please read the instructions on page 3 concerning Departmental Records Destruction.

Required Approval		Departmental Destruction
Departmental Records Coordinator	Date	Date of Records Destruction
Department Head	Date	Destruction Method Shredding _____ Discard _____ Outside Vendor _____
University Records Manager	Date	
		Destruction Witness

INSTRUCTIONS FOR FILLING OUT THE  
RECORDS DESTRUCTION FORM

1. Fill in your department name, fax number, and phone number, the date, and the total number of boxes to be destroyed.
2. Place a unique number on each box and write that same number in the **User Box #** Column.
3. Locate a description of your records in the current TAMUS Records Retention Schedule and write the Record Series/Agency Item number(s) that corresponds with the records series in the column labeled **Retention Schedule Item #**. If you are unsure what type of records you have, please call the University Records Manager ext. 2961 for assistance.
4. Fill in the description of the box contents in the **Description** column. The description can include the Retention Schedule description or your own specific document description.
5. Fill in the inclusive dates of the records box. Please include **month** and **year**.
6. Chose a destruction type:
  - a. Shredding (S) (confidential information)
  - b. Discard (D) (campus recycle bins)
  - c. Outside Vendor (OV) (campus DDS locked bins through Central Supply).
7. Check ONE box to indicate the types of records you are proposing to destroy:
  - a. **Convenience Copies** – (non original documentation) These records do not need the approval of the University Records Manager before destruction.
  - b. **Official Records** – (original documents) Submit Records Destruction form to the University Records Manager (#806-651-2961) before any type of destruction. Once the records retention dates have been confirmed and signed by Records Management, the records may be destroyed. Complete the Departmental Destruction section, once the records have been destroyed, and return the form to the University Records Manager for filing.
8. The Department Records Coordinator and the Department Head must sign the form.
9. Please submit an original copy of the signed Records Destruction form to the University Records Manager in Room #304B-Old Main. Always keep a copy for your reference.