

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

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

|            |                |                  |
|------------|----------------|------------------|
| Department |                | Total # of Boxes |
| Date       | Office Address | Telephone        |

| User Box # | R.M. Box # | Retention Schedule Agency Item # | Description of box contents with first and last folder listed. The contents of each box should be listed separately. | Inclusive Dates | Records Center Use | PICKUP |
|------------|------------|----------------------------------|--|-----------------|--------------------|--------|
|            |            |                                  |  |                 |                    |        |
|            |            |                                  |  |                 |                    |        |
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|            |            |                                  |  |                 |                    |        |

**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 Records Center Destruction**

I request that the records accompanying this form be destroyed by the University Records Center.

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.

**Request for Departmental Destruction**

I certify that these OFFICIAL RECORDS 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   |
|-------------------------------|------|--|
| Records Coordinator           | Date | Date of Records Destruction  |
| Department Head               | Date | Destruction Method<br>Shredding _____<br>Discard _____<br>Outside Vendor _____<br>Electronic _____ |
| Picked Up or Delivered By     | Date |  |
| University Records Management | Date | Destruction Witness  |



INSTRUCTIONS FOR FILLING OUT  
THE RECORDS DESTRUCTION FORM

1. Fill in your department name, address, mail stop, 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 Agency Item number(s) (RRS field #5) that corresponds with the records series in the column labeled **Retention Schedule Agency Item #**. If you are unsure what type of records you have, please call 458-1470 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. Check **ONE** box for the appropriate action for your documents. Use a separate form for each transaction type.
  - a. **Request for Records Center Destruction:** Please indicate whether you are requesting disposal of CONVENIENCE COPIES or ORIGINAL RECORDS.
  - b. **Request for Departmental Destruction:** Please list the records you are proposing to destroy. Once the records retention dates have been checked by Records Management and the records are approved for destruction, the form will be returned to the department. At that time the records may be destroyed. Complete the Departmental Destruction Information section once the records have been destroyed and return the form to Records Management for filing.
7. The Records Coordinator and the Department Head must sign the form.
8. Please submit the original of the Records Destruction form with your boxes. Keep a copy for your reference.
9. Call or e-mail the Records Center to schedule a pick up time. Our phone number is 458-1470 and our e-mail is RMDesk@lib-gw.tamu.edu. If you would prefer to deliver your boxes to the Records Center, please call in advance.