

RECORDS DESTRUCTION FORM

INSTRUCTIONS

(Revised May 2023)

1. **The *Records Destruction Form* (form) is required for the destruction of the record copy of state records. The record copy is the official copy that must be maintained for the period designated on the A&M System Records Retention Schedule (schedule). Other copies of a record are convenience copies and can be destroyed without submitting this form.**
2. Fill in the department name, date, office T-box, and phone number.
3. Locate a description of the records in the current schedule and write the Agency Item number(s) that corresponds with the records series in the column labeled **Retention Schedule Agency Item No.** If unable to determine the record type, contact the university records officer (RO) at extension 9415 for assistance.
4. Fill in the description of the records in the **Description** column. The description can include the schedule description or the specific document title/description.
5. Fill in the **Date Range** of the records. Please include month and year.
6. Fill in the **Retention Period** listed for the records in the schedule.
7. Fill in the **Medium** of the records (for example, paper, electronic, etc).
8. Check the **Departmental Certification/Request for Destruction** box to certify that the listed records are eligible to be destroyed in accordance with the schedule and administrative requirements.
9. The requestor and the department head or designee must sign the form before it will be reviewed for compliance and approval by the RO or designee.
10. Submit the completed and signed form to the RO by email to pcavitt@tarleton.edu or by campus mail to Box T-0830.
11. The RO or designee will review for compliance and upon approval, the signed/approved form will be returned to the department. At that time the records may be destroyed.
12. Upon RO or designee approval and destruction of the records, complete the **Departmental Destruction**, section including date, method of destruction, and signature of records destruction witness.
13. Return the original completed form to the RO by email to pcavitt@tarleton.edu or by campus mail at Box T-0830. Keep a copy for your reference.

**Tarleton State University
RECORDS DESTRUCTION FORM**

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Department

Date

Box T -

Telephone

| Retention Schedule Agency Item No. | Description of Records | Date Range From -To (mm/yy) | Retention Period | Medium |
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Departmental Certification/Request for Destruction

☐ We certify that these state records are past the retention period specified by The Texas A&M University System Records Retention Schedule and that all audit and administrative requirements have been satisfied.

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. Tex. Gov't Code § 441.187(b). Any record subject to federal audit must be retained until the expiration of the audit period or the period specified in the System Records Retention schedule, whichever is later.

Required Approval

Departmental Destruction

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|----------------------------|------|--|
| Requestor | Date | Date of Destruction and/or Secured in Locked Shred Tote: |
| Department Head | Date | Destruction Method: Shredding Electronic Locked Shred Tote Tote # ____ |
| University Records Officer | Date | |
| | | Destruction Witness Signature |

Tarleton State University
RECORDS DESTRUCTION FORM

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Department _____

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|------|---------------|-----------------|
| Date | Box T - _____ | Telephone _____ |
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| Retention Schedule Agency Item No. | Description of Records | Date Range From –To (mm/yy) | Retention Period | Medium |
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|----------------------------------|-------------|
| Requestor _____ | Date: _____ |
| Department Head _____ | Date: _____ |
| University Records Officer _____ | Date: _____ |