

## In-Office Records Destruction Documentation Form

I, \_\_\_\_\_, authorize the destruction of the below-listed records.  
(Department head)

I have reviewed these records and found them to be obsolete in accordance with the indicated records retention schedule.

Records Schedule Number	Record Title/Description	Begin Date	End Date	Retention Period	Date Eligible for Destruction

I 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.

I understand that confidential records, such as those relating to personnel or patient data, should be disposed of by shredding, burning or pulverizing.

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Title

\_\_\_\_\_  
Date records destroyed

**Please retain this form for your office records**