



**Date:** \_\_\_\_\_

**To:** Ian Janssen, Director, University Archives

**From:** \_\_\_\_\_

**Dept:** \_\_\_\_\_

**Subject: Notification of the Destruction of University Records**

This is to certify that the following record series was, on this date, destroyed by me, in accordance with the approved record's retention schedule of this unit.

<b>Record Series #</b>	<b>Period Covered</b> mm/yyyy – mm/yyyy	<b>Method of Destruction</b> Shredded or trashed *
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Records containing personally identifiable information (i.e.. names, ssn, grades, salaries...) must be shredded.

† If documenting the destruction of more than 10 record series, submit a second form.

Mail or fax to:

University Archives  
002 Pearson Hall  
Newark, Delaware 19716-0501  
Ph: 302/831-2750  
Fax: 302/831-6903