Records Management Program

Records Disposition Authorization

Electronic Records — Secure Destruction

RDA No:
YY-### (RMO use only)
Form Date:
YYYY/MM/DD
Version: Rev. 2026-06-26

Purpose: This form authorizes physical records identified under **DalCLASS** for secure destruction in accordance with the Records Management Policy.

Instructions:
1. Complete all fields below. **2.** Attach a records inventory list. **3.** Email completed form to **DalRM@dal.ca** for final authorization.

SECTION 1 — Contact Information

Unit Contact	Signing Authority
Name:	**Name:**
Position/Title:	**Position/Title:**
Department/Unit:	**Signature:**
Email:	**Phone (optional):**
Date Submitted: YYYY/MM/DD	**Date Approved:** YYYY/MM/DD

SECTION 2 — Description of Records

DalCLASS Code(s):	**Year Range:** YYYY – YYYY
Disposition Type: ☑ **Secure Destruction**	
Current Storage Location:	
Summary of Record Content: *Provide a high-level description (3–5 sentences). For full detail, attach the inventory list.*	
Contains sensitive/personal information? □ Yes □ No □ Unknown	
Records inventory list attached? □ Yes □ No (required)	**Digital copies retained?** □ Yes □ No □ N/A

SECTION 3 — Final Authorization (RMO Use Only)

This authorizes that the records described above and listed in the attached inventory may be sent for secure destruction.

Authorized by: Dean of Libraries

Name:
Signature:

Date Approved: YYYY/MM/DD

Comments/Conditions:

SECTION 4 — Confirmation of Secure Destruction

Completed By	Witnessed By
Name:	**Name:**
Signature:	**Signature:**
Title/Organization:	**Title/Organization:**
Date: YYYY/MM/DD	**Date:** YYYY/MM/DD
Method of Destruction: □ On-site shredding □ Off-site vendor □ Other: _____	
Vendor/Service Provider (if applicable):	**Certificate of Destruction No.:**