

Records Disposition Authorization

Physical 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

No. of Boxes:	Box Numbers:	DalCLASS Code(s):	Year Range: YYYY – YYYY
Disposition Type: ☒ Secure Destruction			
Current Storage Location:			
Summary of Record Content: <i>Provide a high-level description (3–5 sentences). For full detail, attach the inventory list.</i>			
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
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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.: