

**Records Management Program**

**Records Disposition Authorization From**

Electronic Records

SECURE DESTRUCTION/DELETION

**Purpose**

In accordance with the Records Management Policy this form authorizes records identified under [DalCLASS](https://libraries.dal.ca/find/university-archives/records-management/rm-resources/dalclass.html) for the disposition of secure destruction (or deletion).

* Forward completed form to [DalRM@dal.ca](mailto:DalRM@dal.ca) for final authorization.
* A records inventory list **must** be included with form
* For further instructions refer to Records Management Office [website](https://libraries.dal.ca/find/university-archives/records-management/rm-resources.html) or email [DalRM@dal.ca](mailto:DalRM@dal.ca)

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Contact** | | **Signing Authority** | |
| Name: | | Name: | |
| Position/Title: | | Position/Title: | |
| Department/Unit: | | Signature: | |
| Email: | | Date Approved: YYYY/MM/DD | |
| **Description of Records** | | | |
| DalCLASS Code(s): | | | Year Range: |
| Originating Repository*(ies)*: | | | |
| Disposition: | **Secure Destruction/Deletion** | Amount of storage: | |
| Summary of content: *[a high-level description, 3-5 sentences]* | | | |
| *(For more details see attached inventory)* | | | |
| **Final Authorization**  *This authorizes that the records described and listed can be or sent for secure destruction as identified above.*  Name: Michael Vandenburg, (Acting) Associate Dean Archives, Records Management, & Special Collections  Signature: Date Approved: YYYY/MMM/DD | | | |



**Confirmation of Secure Destruction/Deletion**

Date: YYYY/MMM/DD

Completed by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Signature: \_\_\_\_\_

Witnessed by:

Name: ­­­­

Signature: