

**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 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

|  |  |
| --- | --- |
| **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: