



RECORDS MANAGEMENT FORM

Department/Program: _____ Date: _____

Person Completing Form: _____ Office: _____

Description of Records	Retention Period (mm/yy)	Date Range From -To (mm/yy)	Format: paper, electronic, digital

<p style="text-align: center;">Destruction Method</p> <p>Shredding <input type="checkbox"/></p> <p>Overwriting hard drive <input type="checkbox"/></p> <p>Destroy hard drive <input type="checkbox"/></p> <p>Company: _____</p> <p>_____</p> <p>Witness: _____</p> <p>Attach certification</p>	<p style="text-align: center;">Volume Destroyed</p> <p>Number of Files: _____</p> <p>Number of Boxes: _____</p> <p>Number of Electronic Files: _____</p> <p>Date of Records Destruction: _____</p>
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APPROVAL

I certify that the following records are past retention period and that all audit and administrative requirements have been satisfied as specified by HEC Document Management Policy and the appropriate funding agency.

Program Director: _____ Date: _____

Department Director: _____ Date: _____