

**CONFIDENTIAL DISPOSAL FORM**

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| --- | --- | --- | --- | --- | --- |
| Today’s Date |  | **Disposal Dates** (select one) |  |  |  |
|  |
| Dept/Location |  |  | Contact Name |  |

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| **INSTRUCTIONS**: This form is intended for records designated for confidential destruction per an approved record schedule. All other records for destruction should be disposed of through the normal waste or recycling channels. If you are unsure if records should be destroyed, use an Inventory Management Worksheet to assess records prior to using this form. Enter records that meet requirements for destruction, obtain department signature approval, and forward to Risk Management for review at least five (5) days prior to the designated day for confidential destruction. **Example noted on first line below.** |

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| **APPROVAL** |
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|  | I certify that these are CONVENIENCE COPIES that are no longer needed by the department, and/or |
|  |  |
|  | I certify that these are OFFICIAL RECORDS that are past their retention period per an approved record schedule, all audit and administrative requirements have been satisfied, and there are no pending public record requests, audits, or lawsuits for these records. |
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|  |  |  |
| **Depositor Signature** | Date |  | **Department Supervisor Signature** | Date |

| **Box or** **E-File #** | **Record Dates** | **RDA Number** | **File Description** | **Retention** | **To Archives** | **Destroy** | **Destroy Confidentially** | **Original or Copy?** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *1* | *2005-2019* | *ADMIN350* | *Internal Communications* | *EVT+3 Years* |  |  | *X* | *Original* |
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