Gordon State College

University System of Georgia

419 College Drive

Barnesville, Georgia 30204

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Records Disposal Form

Completion of this forms authorizes the transfer of the records indicated on this form from the Department/Office named below to the secure document storage facility provided by Central Receiving where the records will be **immediately** destroyed through an approved destruction process.

_____

Box #

_____

Department Name

_____

Record Type

_____

Record "From" Date (date of oldest record)

_____

Record "To" Date (date of most current record)

_____

Retention Period (in # of years)

_____

Destroy Date

_____

Departmental Signature

_____

Date

To be completed by Central Receiving upon receipt in Document Storage facility:

_____ _____ _____

Date Received **Box #** **Box Location**

To be completed by Central Receiving at the time records are destroyed:

_____ _____ _____

Date Destroyed **Method of Disposal** **Signature of Responsible Party**

☐ **Copy of Completed Records Disposal Form has been sent to originating department reflecting the proper disposal of said records.**