Gordon State College

University System of Georgia

419 College Drive

Barnesville, Georgia 30204

www.gordonstate.edu

Records Transfer and 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. Central Receiving will retain said records until date indicated by "Destroy Date" at which time Central Receiving will dispose of the records through an approved disposal 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**

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:

_____ _____

Name of Individual in originating Department providing approval for destruction **Date**

_____ _____ _____

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

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