Georgia Tech Library

REQUEST FOR RECORDS DESTRUCTION

Administrative Unit: _____

Building: _____ Room Number: _____

Records Schedule Title	Records Schedule #	Date Span	Volume

I HEREBY AUTHORIZE THE DESTRUCTION OF THESE RECORDS AND CERTIFY THAT THEY ARE ELIGIBLE FOR DESTRUCTION PER THE RETENTION SCHEDULE:

Requestor: _____ _____
Name Title

_____ _____
Signature Date

Manager: _____ _____
Name Title

_____ _____
Signature Date

IRMO: _____ _____
Name Title

_____ _____
Signature Date

I HEREBY CERTIFY THAT THE RECORDS DESCRIBED ABOVE WERE DESTROYED:

_____ _____
Name Title

_____ _____
Signature Date

Return To:
Records Management
Georgia Tech Library
404-367-0499