



FORM 195-2	
Adopted	June 2103
Last Revised	
Review Date	June 2017

Records and Information Management

RECORDS DESTRUCTION

ORIGINATING SCHOOL/ DEPARTMENT:			PHONE # / EMAIL:
DESTRUCTION AUTHORIZED BY: (Principal /Supervisor Name)			SIGNATURE:
Records Location	Retention (years)	Date Range (From-To)	Records Description (include function, record series, description)
TOTAL NUMBER OF BOXES:			DATE:

Original: Originating school/department (a running record may be kept)
Copy: Upon request by the FOI Coordinator and/or Superintendent