HARVARD
Records Management Services
HARVARD UNIVERSITY ARCHIVES

In-Office Records Destruction Documentation Form

I, _____, authorize the destruction of the below-listed records.
(department head)

Barcode	Records Code	Record Title/Description	Begin Date	End Date	Retention Period	Date Eligible for Destruction (End Date + Retention Period)

I have reviewed these records and found them to be obsolete in accordance with the indicated records retention schedule. I certify that to the best of my knowledge, all audit requirements have been satisfied and these records are not subject to any current or pending litigation, subpoena, or other legal demand for their retention or disclosure. I understand that confidential records, such as those relating to personnel or patient data, should be disposed of by shredding, burning or pulverizing.

_____ _____
Signature of Department Head Date

These records were destroyed on _____ _____
Date Signature of Official Overseeing Destruction

REVISED 12/06/2017