

East Texas A&M University
RECORDS DESTRUCTION FORM

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Department _____				
Date	Office Address	Telephone		
Retention Schedule Agency Item #	Description of Records	Date Range From – To (mm/yy)	Retention Period	Medium

Departmental Certification/Request for Destruction

☐ We certify that these state records are past the retention period specified by The Texas A&M University System Records Retention Schedule and that all audit and administrative requirements have been satisfied.

CAUTION: A state record may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of the retention period. The record must be retained until completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later. Tex. Gov't Code § 441.187(b). Any record subject to federal audit must be retained until the expiration of the audit period or the period specified in the System Records Retention schedule, whichever is later.

Required Approval	Destruction
<div style="display: flex; justify-content: space-between;"> Department Records Coordinator Date </div>	Date of Records Destruction
<div style="display: flex; justify-content: space-between;"> Department Head Date </div>	Destruction Method Shredding _____ Electronic _____
<div style="display: flex; justify-content: space-between;"> Records Retention Officer Date </div>	Destruction Witness

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INSTRUCTIONS FOR FILLING OUT THE RECORDS DESTRUCTION FORM

1. **This form is required only for the destruction of the record copy of state records. The record copy is the official copy that must be maintained for the period designated on the A&M System Records Retention Schedule. Other copies of a record are convenience copies and can be destroyed without submitted this form.**
2. Fill in your department name, date, office address, and phone number.
3. Locate a description of your records in the current A&M System Records Retention Schedule and write the Agency Item number(s)(RRS field #5) that corresponds with the records series in the column labeled **Retention Schedule Agency Item #**. If you are unsure what type of records you have, please call 886-5996 for assistance.
4. Fill in the description of the records in the **Description** column. The description can include the Retention Schedule description or your own specific document description.
5. Fill in the **Date Range** of the records. Please include month and year.
6. Fill in the **Retention Period** listed for the records in the System Records Retention Schedule.
7. Fill in the **Medium** of the records (for example, paper, electronic, etc.).
8. Once University Records Management has checked the retention dates and the records are approved for destruction, the Destruction Information section will be completed once the records have been destroyed, and a copy will be returned for filing.
9. The Department Records Coordinator and the Department Head must sign the form before it will be reviewed for approval by the Records Retention Officer.
10. Please submit the original of the Records Destruction form. Keep a copy for your reference.