TO BE COMPLETED BY THE DEPARTMENT REQUESTING APPROVAL TO TRANSFER OR DESTROY STATE RECORDS

RECORDS SERIES TRANSFER OR DESTRUCTION REQUEST

CENTRAL WASHINGTON UNIVERSITY

REFERENCE: WASHINGTON STATE GENERAL RECORDS RETENTION SCHEDULE AND CWU RECORDS RETENTION SCHEDULE

DEPARTMENT:	**NAME of RECORDS CUSTODIAN**	**RECORDS OFFICE NUMBER**	**DATE:**

BOX #	**RECORD SERIES TITLE** **Description & Function of Records**	**FORMAT** Electronic or Paper	DISPOSITION AUTHORIZATION NUMBER **(DAN #)** Found on Retention Schedule	**TRANSFER** TRANSFER DESTINATION:	DESTRUCTION DATE:	**DESTROY** DESTRUCTION METHOD (Shred Truck, In-Office Shred, Etc.)	**INCLUSIVE DATES of RECORDS**	**VOLUME** 1 ft³ per standard box (# of boxes)	**DATE** Task completed

INSTRUCTIONS:

1. Mail (MS 7474) or E-mail completed form with Department Chairman's signature to Business Services Records Analyst -Kerrie Nelson (nelsonke@cwu.edu).
2. Once approved, the completed form will be returned and you may proceed with the transfer or destruction of the records.
3. Please label boxes for storage with box #, department name, inclusive and destruction dates.
4. Notify the records analyst when transfer or destruction is complete.

[1]REQUEST: FOR DISPOSITION AS DESCRIBED ABOVE	[2]REQUEST: FOR TRANSFER OF RECORDS LISTED ABOVE TO THE SPECIFIED LOCATION	[3]APPROVAL: AS DESCRIBED OR AMENDED ABOVE
SIGNATURE & DATE: _____ **DEPARTMENT CHAIR OR ADMINISTRATIVE HEAD**	**SIGNATURE & DATE: _____** **UNIVERSITY ARCHIVIST** **(Destruction & Archival Transfers only)**	**SIGNATURE & DATE: _____** **UNIVERSITY RECORDS OFFICER**