



AUTHORIZATION FOR DESTRUCTION OF RECORDS

This is to authorize the destruction of the attached list of files. The destruction of the files is approved according to the Mount Royal University Records & Information Management Policy and the University Records Retention & Disposition Schedule.

To be completed by Department

Submitted by: _____

Submitted date: _____

Department-Area: _____

Media: Paper Other. (*Please specify*) _____

Destruction Method: Onsite shredding Offsite shredding

Approved by Department Manager:

Name: _____ Title: _____ Date: _____

Signature: _____

Destruction Certification no. _____

Destruction Date: _____