



**RECORDS MANAGEMENT AT
SWARTHMORE COLLEGE**
500 College Avenue
Swarthmore, PA 19081-1399
swarthmore.edu/information-security/rm

AUTHORIZATION FORM FOR SECURE DESTRUCTION OF RECORDS

Updated 8/2016

Office/Department: _____

The records series listed below have passed beyond the retention date prescribed by Swarthmore College records retention schedules and should be destroyed securely and confidentially.

Record Series Title and Dates	ID #	Quantity (# of boxes)

I have confirmed retention schedules and verify that the records are not involved in any litigation or required for any investigation. By signing this form I authorize these confidential records for destruction.

Signature: _____ Date: _____

Name (print) and job title: _____

DESTRUCTION CONFIRMATION

Date: _____

Destruction affirmed by _____ (signature)

Name (print) and company or title: _____