

**THE UNIVERSITY OF ALABAMA**  
**University Archives**

**Records Destruction Form**  
**For Records Stored in University Offices**

**Office and Contact Information**

<b>Office</b>		<b>Division</b>	
<b>Building</b>		<b>Room</b>	
<b>Contact Name</b>		<b>Telephone</b>	
<b>Email</b>		<b>Date</b>	

**Records Information**

<b>Record Series Title</b>	
<b>Inclusive Dates</b>	
<b>Retention Period</b>	
<b>Number of Linear Feet</b>	
<b>Method of Destruction</b>	
<b>Date of Destruction</b>	

**Departmental Representative Signature:** \_\_\_\_\_

**Institutional Records Analyst Signature:** \_\_\_\_\_