The Texas A&M University System
RECORDS DESTRUCTION FORM

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		Departmental Destruction
Department Records Coordinator	Date	Date of Records Destruction

Department Head	Date	Destruction Method
		    Shredding _____
		    Electronic _____

System Records Management	Date	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 mail stop, 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 458-6120 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. Check **Departmental Certification/Request for Destruction** box to certify that the listed records are eligible to be destroyed in accordance with the System Records Retention Schedule and administrative requirements. Once the records retention dates have been checked by System Records Management and the records are approved for destruction, the form will be returned to the department. At that time the records may be destroyed. Complete the Departmental Destruction Information section once the records have been destroyed and return the form to Records Management for filing.

9. The Department Records Coordinator and the Department Head must sign the form before it will be reviewed for approval by System Records Management.

10. Please submit the original of the Records Destruction form. Keep a copy for your reference.