



**Prairie View A&M University – Records Management  
RECORDS DESTRUCTION FORM**

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|                  |                 |                   |
|------------------|-----------------|-------------------|
| Department Name: |                 | Total # of Boxes: |
| Date:            | Office Address: | Telephone:        |

**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. Section 441.187(b) Texas Government Code. Any record subject to federal audit must be retained until the expiration of the audit period or the period specified in the TAMUS Records Retention schedule, whichever is later.

| Required Approval               |       | Departmental Destruction  |
|---------------------------------|-------|---|
| Department Records Coordinator: | Date: | Date of Records Destruction:  |
| Department Head:                | Date: | Destruction Method:<br><br>Shredding _____<br>Discard _____<br>Outside Vendor _____ |
| University Records Officer:     | Date: |   |
|                                 |       | Destruction Witness:  |

**Request for Department Destruction**

I certify that these OFFICIAL RECORD COPIES are past the retention period specified by the System Records Retention Schedule and that all audit and administrative requirements have been satisfied.

I certify that no HOLD has been placed on these OFFICIAL RECORDS due to any litigation, claim, negotiation, audit, or open records requests and all administrative requirements have been satisfied.

**Note:** Please read the instructions on page 3 concerning Departmental Records Destruction.

| User Box # | Retention Schedule Agency Item# | Description of Records.<br>The contents of each box should be listed separately. | Inclusive Dates | Retention Period | Medium |
|------------|---------------------------------|--|-----------------|------------------|--------|
|            |                                 |  |                 |                  |        |
|            |                                 |  |                 |                  |        |
|            |                                 |  |                 |                  |        |
|            |                                 |  |                 |                  |        |



## **INSTRUCTIONS FOR FILLING OUT THE RECORDS DESTRUCTION FORM**

1. Fill in your department name, address, phone number, date, and the total number of boxes to be destroyed.
2. Place a unique number on each box and write that same number in the “User Box #” column.
3. Locate a description of your records in the Records Retention Schedule and enter the Agency Item Number (*Records Retention Schedule Field #5*) that corresponds with the records series in the column labeled “Retention Schedule Agency Item #” of the form.
4. Enter the description of the records (*Records Retention Schedule Field # 6*) in the “Description of Records” column.
5. Fill in the “Inclusive Dates” of the records for each box. Please include month and year.
6. Fill in the “Retention Period” (*Record Retention Schedule Field #7*) listed for the records in the Records Retention Schedule.
7. Fill in the “Medium” of the records (for example, P=paper, E=Electronic, etc.).
8. The Department Records Coordinator and the Department Head must sign the form.
9. The completed *original* Records Destruction form must be forwarded to the University’s Records Officer Tasmina Quddus at Alvin I Thomas Building, Room # 119.
10. A *Copy* of the completed Record Destruction form should be kept by Department’s Records Coordinator in the department for reference.