

Section 1 – NSU Requestor Information			
Date:	Name and Title of Department Designee:		NSU Phone Number:
NSU Account Number/Index: (six digits)	Center/Department/Clinic:	Division:	NSU Email Address:
Center/Department Location: (Campus, Building Name, Address, Floor and Room #)			Location of Records: (Campus location /Off-site Facility)
Section 2 - Destruction Request			
Select location of Records and complete the number of Boxes and/or Records. <input type="checkbox"/> Destroy On-site Records <input type="checkbox"/> Destroy Off-site Records			Type of Record <input type="checkbox"/> Physical Records / Paper <input type="checkbox"/> Electronic Records <input type="checkbox"/> Other _____
Number of Boxes:	Number of Files:	Total Inventory Pages:	
Inventory Lists			
Please attach the corresponding NSU Records Inventory List for the box and/or file level as appropriate for all General and Administrative Records. Complete each box on the inventory list. For the destruction of Records containing Protected Health Information and/or Medical Business Office/Billing Records please complete the NSU Medical Records Billing and Inventory List (Attachment "C") to the NSU Records Management and Destruction Policy.			
Section 3 - Certification Statement and Authorization for Destruction:			
I have reviewed the Records listed on the attached Records Inventory List and found them to be obsolete in accordance with the NSU Records Retention Schedule. I certify that the Records are accurately represented, the retention period has been satisfied and to the best of my knowledge that further retention is <u>not required</u> due to any current or pending litigation, investigation, audit or other proceeding. I understand that Records must be destroyed in accordance with the NSU Records Management and Destruction Policy.			
Date:	Signature of Department Designee:		Typed Name for Signature:
Date:	Signature of Department Head: (if required by Senior Administrator)		Typed Name for Signature:
Date:	Signature of Division/College Senior Administrator (i.e., Dean, VP, ED):		Typed Name for Signature:
PLEASE RETURN COMPLETED FORM TO THE NSU RECORDS MANAGER FOR REVIEW AND APPROVAL. Located on Main Campus - Interoffice Mail Code: BSV			
Approval of Destruction Request			
Date:	Signature Vice President for Business Services:		Typed Name for Signature:
Date:	Signature Records Manager:		Typed Name for Signature:
These Records were destroyed on:			
Date:	Signature Records Manager or Employee Supervising On-Site Destruction:		