



## ARCHIVES/RECORDS TRANSMITTAL REQUEST

### 1. RESPONSIBLE DEPARTMENT INFORMATION

*DO NOT WRITE IN SHADED AREAS*

SCHOOL/DEPARTMENT:	DATE: (D/M/Y)	LOC. CODE:
CONTACT:	TITLE:	

### 2. RECORDS INFORMATION

CODE	FILE DESCRIPTION	VOL.	PB	DATES	RESP. DEPT.	MEDIUM	APPROVAL FOR TRANSMITTAL/DESTRUCTION (ARCHIVES USE ONLY)

### 3. SCHOOL/DEPARTMENT AUTHORIZATION

I authorize the submission of the records described in Section 2 to the PVNCRCSSB Archives \_\_\_\_\_ in accordance with the current PVNCRCSSB Records Retention Schedule, OR \_\_\_\_\_ as a result of routine housekeeping activity.

OFFICE AUTHORIZATION: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

### 4. AUTHORIZATION FOR TRANSFER/DESTRUCTION

I authorize the transfer/destruction of the records approved in Section 2.	DATE RECEIVED	VOLUME
ARCHIVIST: DATE:	DATE ACCESSIONED	ACCESSION/SERIES NO.

### 5. CERTIFICATE OF DESTRUCTION

I certify that 1) the records approved for destruction in Section 2 above were destroyed on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ .  
2) that any Personal Information Banks were destroyed following the PVNCRCSSB Confidential Destruction Procedures.

OFFICE AUTHORIZATION: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_