

Disposition Log

Approval for Records Destruction

The records listed on the attached have satisfied their period of retention and can now be approved for destruction.

“I approve the destruction of these records”

Name of Manager/Supervisor:

Signature of Manager/Supervisor:

Date:

Please return to Records and Information Management once signed.

“These records were destroyed”

Name of Information Governance Supervisor:

Signature of Information Governance Supervisor:

Date Destroyed: