OFFICE OF GOVERNANCE AND CORPORATE AFFAIRS

POLICY AND RECORD MANAGEMENT

Request for Authority to Destroy Records

**Prior to destruction you must ensure that the:**

* **Minimum retention periods set by GDA’s have been satisfied.**
* **Records are no longer required for legal, administrative, financial or audit functions.**

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| **Requestor Details** |
| **Name** |  |
| **Faculty/Division** |  |
| **Position/Title** |  |
| **Telephone** |  |
| **Records Description** |
| **Description of Records**  | *Use the table below if there is more than one record type.*  |
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| **Authorisation for Destruction** |
| **FACULTY/DIVISION APPROVAL** |
| ***This section must be completed by the Manager.*** |
| **Are the records still required by the University for any of the following functions?** | Legal Functions [ ]  Yes [ ]  NoAdministrative Functions [ ]  Yes [ ]  NoAudit/Financial Functions [ ]  Yes [ ]  No | *If yes has been selected for any of these functions, then these records* ***must*** *be retained.* |
| **Name** | **Position** |
| **Signature** | **Date** Click or tap to enter a date. |
| **UNIVERSITY RECORDS MANAGER APPROVAL** |
| **Have the records satisfied minimum retention requirements?** |  [ ]  Yes [ ]  No | *If no, records* ***must*** *be retained.* |
| **Name**  | **Position**  |
| **Signature** | **Date** Click or tap to enter a date. |
| **Destruction of Records Completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Signature** | **Date** Click or tap to enter a date. |

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| **Faculty/Division/School** |   | **Campus** |   |
| **Contact Person** |  | **Telephone** |  |

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| --- | --- | --- | --- |
| **Description of File/Folder contents** | **Date Range** | **Disposal Authority reference** | **Retention period**  |
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