|  |  |
| --- | --- |
|  | **Victoria University Records Management Program**Records Destruction Form |

|  |  |
| --- | --- |
| Instructions: | Destruction must not occur until this form is completed and all approvals are received.Retain the completed, approved form in Department/Office records. |
| Confirmations: | The records listed below have been approved for destruction. The records are not the subject of any current or anticipated claim, litigation, investigation, legal hold, audit or program review. The records do not contain information of enduring value for the Victoria University Archives.  |

|  |
| --- |
| **1. CONTACT\*** |
| **Department/Office:** | **Contact Person:** | **Telephone/E-mail:** | **Date: YYYY-MM-DD**Click or tap to enter a date. |

| **2. RECORDS LISTING/DESCRIPTIONS** |
| --- |
| **Box #** | **Storage Location** | **Records Series / File or Folder Title / Brief Description\*** | **Date Range\* (Years)** | **Format\*** | **RRS / File Plan /Other Rationale\*** | **Destruction Method\*** |
| **From** | **To** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Press Tab to add additional lines |

|  |
| --- |
| **3. APPROVALS\*** |
| **Approved by: (name)** | **Job Title:** | **Signature:** | **Date: YYYY-MM-DD**Click or tap to enter a date. | **Records Manager/Archivist** **Signature:** |

|  |
| --- |
| **4. DESTRUCTION COMPLETED\*** |
| **Name:** | **Job Title:** | **Signature:** | **Date: YYYY-MM-DD**Click or tap to enter a date. | **Certificate of Destruction**Attached[ ] N/A[ ]  |

**If you require assistance filling out this form, please contact the Records Manager:** **archives@vicu.utoronto.ca**

**To use this form, complete the sections as follows:**Any section or field marked with an asterisk (\*) is MANDATORY.

1. **Contact\*** – this is the person coordinating the work of listing the files to be destroyed and completing this form.
2. **Records Listing/Descriptions**
	1. **Box #** - If a Box Number has been assigned, record it here.
	2. **Storage Location** - Record where these materials were stored. Be as specific as possible. Example: Campus Life Coordinator’s Office - Goldring room 100. Include path here for electronic records. Example: V:\archives\Projects\AV Material
	3. **Records Series / File or Folder Title / Brief Description\*** – File title preferred, but if there is no title, Series or a Brief Description is acceptable.
	4. **Date Range\*** of the files – entering just a start year and end year is sufficient, if no dates are found write unknown.
	5. **Format\*** – Describe the physical format. Example: Paper, Electronic, CD, VHS, etc.
	6. **RRS / File Plan** **/ Other Rationale\*** – The purpose of this field is to briefly document why these records are okay to destroy. Record the codes of any approved Records Retention Schedule or cite an approved office File Plan which documents the retention and disposition of these materials. If neither approved Schedule nor File Plan exists, please contact the Records Manager for advice.
	7. ****Destruction method\*** – Indicate the destruction method used. Example: Iron Mountain, Shredded in Office, Deleted from I drive, etc.
	*Reminder:* Records containing confidential, personal, or other privileged information must be **securely destroyed** and cannot be recycled at your desk side recycle bin.
3. ****Approvals\*** – All destructions must be authorized by the department that is the Office of Primary Responsibility. The person signing must be at the Director level or higher. The Records Manager will review and must sign that they have done so. **This section must be complete BEFORE destruction begins.**
4. **Destruction Completed\*** – The name and details of the person who performed the destructions and date the destruction was completed. If the destructions are completed by a third party, a *Certificate of Destruction* must be requested from the company and retained with this form. **IMPORTANT NOTE:** Backup copies of digital records that are regularly backed up by University or Toronto or Victoria University IT systems are not accessible to staff and are not part of this destruction process.
5. **Once complete, you must retain this form for your records and forward a convenience copy to the Records Manager.**

This is based on the Destruction Form Template developed by Ryerson University.