AG-703 (12/12)

Texas A&M AgriLife
Administrative Services – Risk and Compliance

RECORDS DESTRUCTION FORM

Department/Unit		Total Number of Folders/boxes
Date	Unit Address	Telephone Number

Retention Schedule Agency Item Number	Description of Folder/Box contents. Boxes list first and last folder, Electronic Records Folder, list first and last folder in the series. NOTE: Include Records Series Number in Description	Inclusive Dates

Unit/Records Coordinator Name Signature	Date:
Unit Head Approval Name Signature	Date:
Records Management Officer Approval Name Signature	Date:
Destroyed By: Name Signature	Date: