



# PROPOSAL KIT SAMPLE

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## Authorization for Records Destruction Form

DEPT NAME:			
DEPARTMENT LOCATION:	<<Building>>		
AUTHORIZED CONTENT OWNER OR DEPARTMENT MANAGER:	<<Name>><<Title>>	<<PHONE>>	<<Email>>
DEPARTMENT RECORDS LIAISON:	<<Name>><<Title>>	<<PHONE>>	<<Email>>

<< Describe the content of the records to be destroyed such as: Invoices, Contracts, Sales Orders, Bid Documents, Annual Review, etc. >>

List Record Types	Retention ( i.e. 3, 7, 10 year)	Media Type (Physical or Electronic)	Volume (pages or file size)	Disposition Method (Shred, Delete, etc)	Disposition Date
1. <<RECORD TYPE>>					
2. <<RECORD TYPE>>					
3. <<RECORD TYPE>>					
4. <<RECORD TYPE>>					
5. <<RECORD TYPE>>					

The rest of the content has been removed from this sample. The entire contents of the document are included in:



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