

ARCHIVE DOCUMENT STORAGE, INC.

Authorization for Destruction of Records

Page _____ of _____

Company Name:)

Company Account #:

Department _____ Division _____

In accordance with current records retention schedules, the records listed below have passed beyond the retention date prescribed by federal, state, local regulations, and internal policy and can therefore be scheduled for destruction.

Destruction Authorization

I hereby certify that I have reviewed the above list of records and have authorized their destruction. To the best of my knowledge, these records are not subject to further examination or pending litigation or audit.

Authorized Signature Date

| <u>Name of Records</u> (Records Series Title or Description or ADS Barcode #) | Dates | | Volume | Retention Schedule | | Dispose After (Date) |
|---|-------|----|--------|--------------------|--------|----------------------------|
| | From | To | | Page # | Item # | |
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NOTE: THE ADS BARCODE FIELD AND DESTROY DATE FIELDS ARE MANDATORY.
OTHER FIELDS CAN BE COMPLETED AT RECORD OWNER'S DISCRETION.

(Archive Document Storage Use only)

Destruction

I hereby certify that the above listed records have been destroyed by means of _____ on this _____ day of _____, 200_.

Records Manager Date