

Andrews University
Archives and Records Center
Authorization to Shred Form

This form must accompany ALL records to be destroyed by shredding. Custodial Service will not shred without the signed copy of this form.

Date _____

Office, Department, Entity _____

Series (name of records proposed to shred) [e.g., correspondence, reports, check requests]

Records Retention Period:

In the office of origin _____

In the University Records Center _____

Signature of Dean, Director, or Supervisor _____ **Date** _____

Archivist Comment:

Archivist Signature _____ **Date** _____

If your office needs to shred records, please follow these steps:

- Contact the Archivist.
- Archivist reviews and approves the records for shredding.
- Complete the **Authorization to Shred form** online and send it to the Archivist.
- The archivist signs the form and returns it to your office.
- Transfer the box of records and the signed form to custodial services.
- Custodial Services will **NOT** shred records without the completed form.