



**RECORDS MANAGEMENT AT  
SWARTHMORE COLLEGE**  
500 College Avenue  
Swarthmore, PA 19081-1399  
swarthmore.edu/information-security/rm

**AUTHORIZATION FORM FOR SECURE DESTRUCTION OF RECORDS**

Updated 8/2016

Office/Department: \_\_\_\_\_

The records series listed below have passed beyond the retention date prescribed by Swarthmore College records retention schedules and should be destroyed securely and confidentially.

Record Series Title and Dates	ID #	Quantity (# of boxes)

I have confirmed retention schedules and verify that the records are not involved in any litigation or required for any investigation. By signing this form I authorize these confidential records for destruction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print) and job title: \_\_\_\_\_

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**DESTRUCTION CONFIRMATION**

Date: \_\_\_\_\_

Destruction affirmed by \_\_\_\_\_ (signature)

Name (print) and company or title: \_\_\_\_\_