



SANTA ROSA JUNIOR COLLEGE

Records Archive and Destruction Request Form

Please complete one form for each box

Date: _____

Destroy Date: _____
Required field – Month/Day/Year

Department: _____

Department's Internal Box # (If applicable) _____

BRIEF BOX CONTENTS DESCRIPTION:

Complete one sheet for each box

(This information is used during verification of records retrieval and destruction)

Prepared By: (Name and Phone Ext): _____

Department Dean or Director Signature

Date

Send completed, signed form to Corinne Dressler, Purchasing

Do not write below this line

.....
The following to be completed by Purchasing/Warehouse only

Entered in District database by:

Date entered in database:

Warehouse us only: BOX NUMBER