



# 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 Veronica Chavez, 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**