**RECORDS DESTRUCTION FORM**

| **Box \_\_\_\_\_\_ of \_\_\_\_\_\_\_\_** | **Temporary Box #:** | **Permanent Box #:** |  |
| --- | --- | --- | --- |

| Confirmations: | Records listed comply with the [Records Retention Schedule (RRS)](http://www.ryerson.ca/gcbs/records/recordsretention.html). Records listed comply with FIPPA, Disposal of Personal Information, Regulation 459, S.6(1) and (2).Records listed are not the subject of any current or outstanding claim, litigation, investigation, legal hold or audit.  |
| --- | --- |

| **CONTACT** |
| --- |
| **Department/Unit:** | **Contact Person:** | **Telephone/E-mail:** | **Date:** |

| **APPROVALS** |
| --- |
| **Position Title:** | **Approved by: (name)** | **Signature:** | **Date:** |

| **RECORDS LISTING/DESCRIPTIONS** |
| --- |
| **File No.** | **Records Class** | **Retention Period** | **Records Class / File Title /** **Brief Description** | **Date Range (Years)** | **Media** | **# Of Files** | **Destruction Method** |
| **From** | **To** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | Press Tab to add additional lines |

|  **DESTRUCTIONS COMPLETED BY** |
| --- |
| **Name:** | **Position Title:** | **Method:** | **Date:** |

**Email the Records Management Coordinator at** **recordsmanagement@ryerson.ca** **for advice as needed.**

**Instructions for completion:**

1. **Contact** – list the person coordinating the destruction of records.
2. **Approvals** – A senior person in the department must authorize the destructions.
3. **Records Class and Retention Period** – list classes of records according to the RRS. For records containing personal information, e.g. students, use Student Records A to Z; do not list individual names. For staff or faculty records, do list by name. Faculty Affairs approves the destruction of faculty records.
4. **Records Listing/Descriptions** – add information to the Records Class / File Title / Brief Description column and date range; entering start year and end year is sufficient, if no dates use unknown.
5. **Media** – usually this will be paper, but it may also be other media such as electronic files, audio tapes, video tapes, CDs.
6. **# Of Files** – count the approximate number of files in the group or provide a range of files (optional).
7. **Destruction Method** – list destruction method; Confidential Shredding bin, boxes picked up by shredding company, crosscut shredding. Note: Destroy records containing confidential, sensitive or privileged information such as Student records securely.
8. **Destructions Completed By** – the name and details of the person who performed the destructions and date completed. For third party destructions, add date picked up and attach destruction certificates.
9. **Scan and save or retain a copy of this form for your records after destructions are complete.**