

 General Department Informat 	ition
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1a. Department			1b. UND Stop No. 1c. Date		
1d. Name			osition Title	1f. Telephone No.	
. Volume of	Records to be Disposed			1	
		2c. Number of Microfilm Rolls	2d. Electronic Disk Space	2e. Other Measures	
. Type of Dis	sposal - Review the UND SMHS Re NOTE: Complete one form	cords Retention Schedule for App n for the physical destruction re		Recycle or Shred).	
3a. Physical Des	truction (Recycle or Shred)				
	Records to be Disposed				
a. Record Control Number	4b. Record Series Title – Required (Additional Description of Reco	l ords – Optional)	4c. Date Range	4d. Retention Timeframe	4e. O or C*
	nt Certification – I certify I ha ND SMHS Records Retention Sched		d above, that they have	met their stated ret	ention
5a.					
	Print Name	Sign N	lame	Date	