HAVERFORD

RECORDS DESTRUCTION FORM

Department/Office		Division / Section				
Name and Title of Person Completing Form		Phone Extension		Email Address		
Info	mation o	n Records	Destroyed			
Records Series Title	Da (1	te Range mo/yr)	Location	Volume	Destruction Method	

I certify that the records listed above have been retained for the scheduled retention period, required audits have been completed, and no pending or ongoing litigation or investigation involving these records is known to exist.

Approver	Signature	Date
Destroyed by	Signature	Date