



CENTRAL NEW MEXICO COMMUNITY COLLEGE

Policies and Procedures Office



REQUEST FOR DESTRUCTION

(Non Records and/or Public Records)

INSTRUCTIONS: Please complete in duplicate; forward **original** to State Records Center & Archives (by Inter-Agency Messenger or Mail) and **retain yellow copy** for your file.

Agency/Contact Person/Address/Phone #/Fax #

Date: / /

We hereby request permission to destroy Non Records/Public Records described below. The records retention period, as established by the appropriate Records Retention and Disposition Schedule, has expired and they are to be destroyed immediately.

On site Destruction **Records Center Destruction**

Records Description

Inclusive Dates of Records	Quantity of Boxes of Sacks	Records Retention Rule #	Records Retention Schedule Item #
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Signed: _____ **Title:** _____
(Records Liaison Officer or Agency Head)

For SRC use:

Analysts:	Picked up/Delivered:	Logged:	SRC#
Archival Review <input type="checkbox"/> Transfer to Archives Yes <input type="checkbox"/> No <input type="checkbox"/> Archivist Signed: _____			

SRC-2
7/95

White = SRC Copy

Yellow = Agency Copy

Preparation of Request for Destruction Form

1. Type date form is completed.
2. Type Department Name to include address, contact person, phone number, and fax.

3. Check either on-site destruction or Record Center Destruction.

On-Site Destruction Records are destroyed at CNM Retention Center.

Record Center Destruction Records are destroyed at State Records Center.

4. Type Record Description, which can be obtained from Retention and Disposition Schedules.

5. Type Inclusive Date of Records. Example: 1996 or FY 6/30/1996

6. Type Quantity of Boxes. Example: 1 of 10 boxes.

7. Type Schedule Item Number, which can be obtained from the Record Retention & Disposition Schedules. Example: 21.F203

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