



Texas A&M University – Corpus Christi

RECORDS DESTRUCTION FORM

Section 1: Departmental Contact and Record Information

Name: _____ Email: _____
 Department: _____ Phone Ext: _____ Date: _____

User Instructions: Fill in contact information above, then fill in record information in the columns below using the [Record Retention Schedule](#) as a guide. Check the checkbox in section 2, then obtain department signatures in section 3. Submit form to recordretention@tamucc.edu for University approval. For general questions, email recordretention@tamucc.edu.

Retention Schedule Agency Item #	Description of Records	Date Range From – To MM/YY-MM/YY	Retention Period <i>Example: AC+3 yrs</i>	Medium Paper or Electronic

Need more space to list records? Continue list on additional record destruction page.

Section 2: Departmental Certification/Request for Destruction

We certify that these state records are past the retention period specified by The Texas A&M University System Records Retention Schedule and that all audit and administrative requirements have been satisfied.

CAUTION: A state record may not be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record is initiated before the expiration of the retention period. The record must be retained until completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later. Tex. Gov't Code § 441.187(b). Any record subject to federal audit must be retained until the expiration of the audit period or the period specified in the System Records Retention schedule, whichever is later.

Section 3: Required Approval

Department Records Coordinator: _____
Print Sign Date

Department Head: _____
Print Sign Date

University Records Officer: Dr. Catherine Rudowsky
 Submit document to recordretention@tamucc.edu for University Records Officer approval. Sign Date

Section 4: Departmental Destruction

Final Step: Only after the **University approved** form is returned to the department, may the department destroy the approved records. Department will then fill in information below and submit completed form to recordretention@tamucc.edu.

Date of Records Destruction: _____	Destruction Method: Shredding ____ Electronic ____
Destruction Witness: _____ Print Sign	