



The Texas A&M University – Corpus Christi
Additional Records Destruction Page

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

User Instructions: Additional pages can be used if more space is needed to list records. If records are listed on this page, department signatures will need to be obtained below.

Retention Schedule Agency Item #	Description of Records	Date Range From –To mm/yy - mm/yy	Retention Period Example: AC+3	Medium Print or Electronic

Approval Section: If this page has records listed, signatures are required.

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