

## 185-1 Request for Destruction of Records Form

<b>School or Department:</b>
Date: (month/day/year)

Record Description	Retention Schedule	Date From:	Date To:	# of Boxes
<b>Total Boxes</b>				

Approved by: \_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

Submit this form to Secretary Treasurer email to [clearview@clearview.ab.ca](mailto:clearview@clearview.ab.ca)

**CLEARLY LABEL BOXES TO THE ATTENTION OF CENTRAL OFFICE FOR SHREDDING**

*For Office Use Only:*

Checked:	Rec'd
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