

185-1 Request for Destruction of Records Form

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|------------------------------|
| School or Department: |
| Date: (month/day/year) |

| Record Description | Retention Schedule | Date From: | Date To: | # of Boxes |
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| Total Boxes | | | | |

Approved by: _____ (print name)
 _____ (signature)

Submit this form to Mauricio Reyes, Secretary Treasurer email to mreyes@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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