

Request for Destruction of University Records - Instructions

1. Enter Contact Name (who will be able to answer any questions we may have).
2. Enter Department name
3. Enter Telephone number
4. Enter Email address (for Contact).
5. Indicate the type of media (paper, electronic). Note: Do not mix media types on one form. Submit a different form for each media type.
6. Use the State of New Mexico retention schedule to complete the remainder of the form. (a link to the Functional Records Retention and Disposition Schedules is located at <http://rmr.nmsu.edu/nmacs/>).
 - a. Record classification number and title
7. Volume of records to be disposed. (# green bins, # boxes, # file cabinet drawers, etc).
8. Enter Total Volume (# of Boxes).
9. Enter the range of dates for each record type and any special items in the remarks section.
10. Complete the Department section with the signature of the preparer of the form, the printed name, and the date. Leave the section marked "For FSA-RMR DEPARTMENT USE ONLY" blank.
11. Submit the completed form to the FSA – RMR Office, by e-mail to rmroffice@nmsu.edu, or fax a copy to (575) 646-1994.
12. Contact the FSA - RMR Office at (575) 646-8324 if you have any questions.



Request for Destruction of University Records

ROUTING

RMR, MSC 3FSA
rmroffice@nmsu.edu
Phone 646-8324
Fax 646-1994

This form is only for destruction of **confidential** documents. If you have any questions, please contact FSA - RMR Office (575) 646-8324 or visit <http://rmr.nmsu.edu/>. Send completed forms to FSA - RMR Office, e-mail to rmroffice@nmsu.edu, or fax a copy to (575) 646-1994.

SECTION 1: REQUESTOR INFORMATION

Contact: _____ Department: _____

Phone: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Confidential Records

Media Type: Paper Electronic

Destruction Log		
Line #	Record Classification No. and Title	Volume (# Bins/Boxes)
1		
2		
3		
4		
5		
Subtotal Volume (# Boxes) from continuation sheet		
Total Volume (# Boxes)		

Remarks

These documents have been imaged or loaded into the certified system.

SECTION 3: OFFICIAL APPROVAL

Preparer's Printed Name: _____ Signature: _____ Date: _____

SECTION 4: FSA-RMR DEPARTMENT USE ONLY

Request ID #: _____

F.A.T.E. Warehouse Delivery (for Confidential Only)

SRCA #: _____ SRCA Approval Date: _____ Number of Boxes: _____

Received from -
Printed Name: _____ Signature: _____ Date: _____

Approved by RMR Office:

Printed Name: _____ Signature: _____ Date: _____



Request for Destruction of University Records - Continuation Sheet

Contact: _____ Department: _____

Phone: _____ E-mail Address: _____ Request ID #: _____

Destruction Log		
Line #	Record Classification No. and Title	Volume (# Bins/Boxes)
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
Subtotal Volume (# Boxes)		

