

Request for Destruction of University Records - Instructions

Section 1

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).

Section 2

5. Check the media type (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/>).
 - Record classification number and title. (e.g. 1.21.2.337 Educational Financial Aid)
 - Secondary description is the actual document name or type. (e.g. Student Financial Assistance Files, Student Loan Files, etc.)
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 (e.g. Jan 2017 - May 2017).
10. Enter any special items in the remarks section.

Section 3

11. 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.
12. Submit the completed form to the FSA – RMR Office, by e-mail to rmroffice@nmsu.edu, or fax a copy to (575) 646-1994.
13. 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
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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: PREPARER 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 (and secondary description)	Volume (# Bins/Boxes)	Dates of Records (MM/YY - MM/YY)
1			
2			
3			
Total Volume (# Boxes)			

Remarks

(This form is to be used for the documents that 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

Condition Assessment Passed on: _____ RMR Staff Initials

Received from: _____ Signature: _____ Date: _____
of Boxes: _____

Request ID #: _____ SRCA #: _____ SRCA Approval Date: _____

Destruction Method: Shred Delete Electronic Files

Approved by - Name: _____ Signature: _____ Date: _____