



Request for Destruction of University Records

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

This form is to be used for confidential documents that have been imaged or loaded into the certified system. If you have any questions, please contact RMR Office (575) 646-8324 or visit <http://rmr.nmsu.edu/>. Send completed forms to RMR Office, e-mail to rmroffice@nmsu.edu, or fax a copy to (575) 646-1994.

SECTION 1: CONTACT INFORMATION

Name: _____ Department: _____
Phone: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Media Type: Paper Electronic

Destruction Log			
Line #	Record Classification No. and Title (and secondary description)	Quantity	Dates of Records (MM/YY - MM/YY)
1			
2			
3			
4			
Total Quantity			

Remarks

SECTION 3: OFFICIAL APPROVAL

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

SECTION 4: TRANSFER OF CUSTODY TO RMR (To be completed at time of delivery of confidential records only.)

Transferred from: _____ Signature: _____ Date: _____

Received by: _____ RMR Signature: _____

SECTION 5: RMR DEPARTMENT USE ONLY		<i>Condition Assessment: N/A</i> Passed on: _____ RMR Initials: _____	
Request #: _____	SRCA #: _____	SRCA Approval Date: _____	
Destruction Method:	<input type="checkbox"/> Shred <input type="checkbox"/> Confidential	Transfer to Archives: <input type="checkbox"/> NMSU Date: _____ NMSRCA	<input type="checkbox"/> Delete Electronic Files
Approved by RMR Office:			
Name: _____	Signature: _____	Date: _____	

E-Mail

Reset