



The University of Western Ontario Archives
**SCHEDULED RECORDS
 DESTRUCTION CERTIFICATE**

Unit File #

This certificate documents the destruction of the records specified below under the authority of an approved Records Retention and Disposal Schedule. It applies only to records for which the scheduled final disposition is either confidential destruction or recycling. All "Responsible" or "Delegated" units authorized to destroy the records under the terms of the applicable Records Retention and Disposal Schedule must complete and maintain this certificate on file in the unit office.

Office/Unit Name: _____ Address: _____ E-Mail: _____ Tel: _____

Contact Name: _____ Title: _____ E-Mail: _____ Tel: _____

Series Title: _____ Inclusive Dates: _____ Number of Boxes: _____

Series Content Description (attach list(s) where appropriate): _____

Schedule Title: _____ Schedule Number: _____ Effective Date: _____

Total of Scheduled Retention Period(s): _____ Date Completed: _____

Scheduled Method of Destruction Confidential Destruction (eg, shred) Recycling Other (Specify): _____

Unit Authorization: I have reviewed the description and/or the contents of the records identified above and am satisfied that all scheduled retention requirements have been met. As the records are not scheduled for archival preservation, I authorize their destruction in the manner specified above.

Unit Head/Designate (Print name) _____ Signature _____ Position Title _____ Date _____

Unit Certification: I certify that the records identified above were physically destroyed or put in an approved records disposal container (lock box or recycling bin) on _____ (insert date) by the following individual _____ (insert name of person or records disposal service).

Authorized Employee (Print name) _____ Signature _____ Position Title _____ Date _____