Records Disposal & Relocation Notification Form



Name of file/s to be destroyed (attach a separate sheet if you require additional lines. A template is available on the Records Management web pages)

Record Type			
Hard-copy	Electronic	Photographic	Audio/Visual Other
Other			
Status			
Confidential		Non-confidential	
Requesting staff	member		
Name			
Dept./Unit/School			
Phone		Email	
Destruction		Transfer to USP Archive	
Disposal request	verified/endors	sed by Faculty/Sec	tion/Campus*
Name		Position	
Signature			
* Persons with authori	ity to verify/endorse	request to destroy/relo	cate:
Faculty: Deans - Section	n: SMT member, Dir	rectors, University Librar President (Regional Camp	ian, Manager CSS

For assistance, please contact the Records Officer (Retention & Disposal) on ext. 32031 Please print, sign and forward your completed form to Records Management - records@usp.ac.fj

Records Office Use

Date received	
Recommendation to VC	
Disposal method recommended	
Signature (Manager, Records Management)	
Vice-Chancellor approval	
Disposal method	Date