

**Records and Information Management Destruction of Records Form**

ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD			
AUTHORIZATION FOR DESTRUCTION OF RECORDS			
SCHOOL NAME OR DEPARTMENT	DESTRUCTION AUTHORIZED BY: (Principal or Supervisor Name)	PHONE # / E-MAIL	
DESTRUCTION OF RECORDS AUTHORIZATION			
TITLE OF AUTHORIZED STAFF		NAME OF AUTHORIZED STAFF	
SIGNATURE OF AUTHORIZATION		DATE	
Records Location On-site or Off-site	Retention (years)	Date Range (From-To)	Records Description (include function, record series, description)
TOTAL NUMBER OF BOXES:			