

**WOODVILLE ISD RECORDS MANAGEMENT
REQUEST FOR AUTHORIZATION TO DESTROY SCHEDULED RECORDS**

Submit Requests To: Lisa Meysembourg – Records Management Officer		
Submitting Campus/Department	Principal/Department Head	
Notes		
I certify that the records listed below are eligible for destruction under the Records Control Schedule and are not the subject of litigation or an open records request.		
Signature _____		
Title		Date
RECORD NUMBER	RECORD SERIES TITLE	INCLUSIVE DATES

<input type="checkbox"/> Destruction of records is approved. <input type="checkbox"/> Destruction of records is not approved. Signed: _____ <p align="center">Records Management Officer</p> Date: _____	<input type="checkbox"/> Record destroyed by Security Shredding. <input type="checkbox"/> Other _____ Date of Destruction _____
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Retain copy for your files.