

Only Responsible Officers (as classified under the <u>Student Records Management Policy and Procedures</u>) should submit requests for destruction of records.

RECORDS DESTRUCTION AUTHORISATION FORM

Responsible Officer Making Request:			
Position:			
Email:			
The person making the request should fill in the record destruction details on the second page of this form.			
Confirmation			
☐ I have read the Student Records Management Policy and Procedures and confirm this request is consistent with the Retention and Disposal Schedule at Appendix 1 of that policy.			
☐ I confirm that the records to be disposed of are not (and I do not anticipate that they will be) the subject of a subpoena or other formal lawful request for access and do not relate to any ongoing action such as an appeal.			
Responsible Officer Signature:	Date:		
College Director Approval			
This section is to be signed off by the College Director or delegate			
This records destruction request is approved	Yes No		
Name:	Position:		
Signature:	Date:		



Record Destruction Details		
Proposed method of disposal:		
☐ Physical destruction (shredding)		
☐ Digital deletion (purging, overwriting, degaussing)		
Record details		
Description/Title	Date Range	Minimum retention period per Retention and Disposal Schedule
If necessary, attach another sheet (or spreadsheet).		
TO BE FILLED IN BY RESPONSIBLE OFFICER		
Method of destruction:		

Destroyed by:

on: