

RECORDS DESTRUCTION REQUEST SUBMITTED FOR REVIEW

Description of Records to Be Destroyed

Name of Records Series (if known) (attach pages if more room is needed)	Brief Description of Contents	Date Range (years)	Identification number (eg. Command box number, file number) if available	Media Type E = electronic P= paper M=mixed	Contains PI (Personal information)? ✓ = yes X = no	Contains PHI (Personal Health Information)? ✓ = yes X = no

Location of Records (e.g. hospital campus or offsite storage):	
Department:	
Date Requested:	
Name and Contact:	
Number of Boxes:	
Comments:	
Do you require a site visit/consult?	