



PAPER RECORDS DISPOSAL FORM

Parish/Agency Name:	
Name of Person Completing Form: (please print clearly)	
Date:	

CAUTION: A record may not be destroyed if any litigation, claim, negotiation, audit or data protection request involving the record is initiated before the expiration of the retention period. The record must be retained until the completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later.

Record Title:	
Description of Records:	
Date Range (yyyy-yyyy):	
Reason for Disposal: [Refer to the Retention Schedule]	
Date of Disposal:	

DISPOSAL AUTHORITY DECLARATION*:

I certify that these OFFICIAL RECORD COPIES are past the retention period specified by the Retention Schedule and that all audit and administrative requirements have been satisfied.

I certify that these records ARE NOT required as part of any litigation, claim, audit, or data protection request and all administrative requirements have been satisfied.

I certify that this document will be retained PERMANENTLY as evidence of the approved destruction.

Authority:			
Name		Date:	
Signature			

*The manager or nominated deputy are the only authorities who can sign off on disposal