



## Destruction/Permanent Removal Order Form

**Email to:** Liana Morales, Manager, Records Retention  
[lmorales@miami.edu](mailto:lmorales@miami.edu)

**Order Placed:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**WHO and WHERE**

Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**WHAT**

**Destruction Request:** (I'm asking for vendor to securely destroy items below)

**Permanent Removal Request:** ( I will not be returning the items below to vendor)

In order to proceed with the Destruction / Permanent Removal of your cartons/files, please provide us with the barcode ID that you wish to have Destroyed / Permanently Removed. This will ensure accuracy in your request.

	Barcode #	Barcode #	Barcode #	Barcode #	Barcode #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**Inventory Content** (Please indicate the type of inventory, i.e. invoices, tapes, journal entries):

**Special Instructions:**

**WHEN**

You will be emailed a destruction workorder to review. Your destruction (s) will take place approximately 30 days after your signed approved workorder(s) has been received.

**AUTHORIZATION**

**Name**

**Signature**

**Date**

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