## BALDWINSVILLE CENTRAL SCHOOL DISTRICT Record Retention Form

ge of _
ge of _

SECTION 1 - THIS SECTION COMPLETED BY PERSON REQUESTING DISPOSAL				
Building:	Name Requesting Disposal:			
Requesting Date:	Approval of Principal/Supervisor:			
Total # of Boxes:	Telephone:			

SECTION 2 - THIS SECTION COMPLETED BY PERSON OVE	ERSEEING DESTRUCTION
Destruction Method:	Date of Records Destruction
Shredding	
Discard	Destruction Witness (BCSD
Outside Vendor	Employee):
Company Name	1 - 7 7
Address	
Signature of Company Rep	

	SECTION 3 - THIS SECTION COMPLETED BY PERSON REQUESTING DISPOSAL						
BOX # (Bld-Date-#) Ex:DO-8/5/10-#1	RETENTION SCHEDULE ITEM #	DESCRIPTION OF RECORDS The contents of each box to be listed separately	INCLUSIVE DATES OF RECORDS	RETENTION PERIOD	LOCATION CODE		

## BALDWINSVILLE CENTRAL SCHOOL DISTRICT Record Retention Form

Page \_\_\_\_ of \_\_\_\_

SECTION 3 - THIS SECTION COMPLETED BY PERSON REQUESTING DISPOSAL						
BOX # (Bld-Date-#) Ex:DO-8/5/10-#1	RETENTION SCHEDULE ITEM #	DESCRIPTION OF RECORDS The contents of each box to be listed separately	INCLUSIVE DATES OF RECORDS	RETENTION PERIOD	LOCATION CODE	