**Document Destruction Request**

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| **Request date** |  |
| **Requested by e.g., Archiving Specialist** |  |
| **Name** |  |
| **Date / Signature** |  |

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[*Add lines as required]*

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| **Department** |  | **Department** |  | **Department** |  |
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| **Date** |  | **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  | **Signature** |  |

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| **Confirmation of document destruction** |
| **Documents destruction period** |  |
| **Documents destruction details (how and in whose presence)** |  |
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