**Document Destruction Request**

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

| **ROOM №** | **RACK №** | **SHELF №** | **BOX №** | **FOLDER №** | **Document(s) title** | **Document(s) date (issuance/approval date/period)** | **Unique code(s) / number (s)** | **Document(s) type** | **Document(s) owner (Department, Team)** | **Revision date** | **Document(s) size (pages, folders)** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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[*Add lines as required]*

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| **All Documents Owners must authorize the destruction of documents they own as listed above** | | | | | |
| **authorized  not authorized by document (s) owner** | | **authorized  not authorized by document (s) owner** | | **authorized  not authorized by document (s) owner** | |
| **Department** |  | **Department** |  | **Department** |  |
| **Title** |  | **Title** |  | **Title** |  |
| **Name** |  | **Name** |  | **Name** |  |
| **Date** |  | **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  | **Signature** |  |
| **authorized  not authorized by document (s) owner** | | **authorized  not authorized by document (s) owner** | | **authorized  not authorized by document (s) owner** | |
| **Department** |  | **Department** |  | **Department** |  |
| **Title** |  | **Title** |  | **Title** |  |
| **Name** |  | **Name** |  | **Name** |  |
| **Date** |  | **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  | **Signature** |  |
| **authorized  not authorized by document (s) owner** | | **authorized  not authorized by document (s) owner** | | **authorized  not authorized by document (s) owner** | |
| **Department** |  | **Department** |  | **Department** |  |
| **Title** |  | **Title** |  | **Title** |  |
| **Name** |  | **Name** |  | **Name** |  |
| **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)** |  |
| **Date / Signature (e.g., Archiving Specialist)** |  |