



**Special Collections Department**  
**Records Management**  
**Records Destruction Authorization Form**

**Department Name:** Special Collections

**Series Title:** Interlibrary Loan (ILL) Records

**Contents:** Request forms; invoices; related ILL documentation

**Date Range(s):** 2012-2014; 2008-2010

**Number of Boxes:** Two (2)

**Box number/Accession Number/Record Number (if any):** 2012SC; 2008SC

**Retention Period:** 3 years

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The retention period for the records described above has expired. Authority is hereby requested to destroy these records. Please sign and submit/return this form to Records Management. A copy will be returned to you following the final disposition of the records.

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I hereby authorize the destruction of the records described above.

**Department Head/Manager Signature:** Erin Birkhimer

**Date:** 1/10/19

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**The records described above were destroyed on:** 1/11/19

**Destroyed by:** Amy White

**\*Please contact the University Archivist/Records Management Librarian if you need assistance or have questions regarding this form (304-696-3174).**