

INSTRUCTIONS:

1. This form is for use documenting records that have met or exceeded their retention period as defined in the [Carleton University Retention Schedule](#) (CURS) and must be reviewed for either destruction or permanent transfer to the Archives. Do not use this form for materials that are transitory and can be destroyed without Archivist permissions.
2. Do not request destruction or transfer for any materials that are currently required for any outstanding FIPPA requests, claims, litigation, investigations, legal holds or audits.
3. Fill out your contact information as well as the authorization contact for your department in **PART A**.
4. Please provide your own file listing (Excel or Word) of the material **OR** complete a file listing in **PART C**; including any box numbers if applicable, file title, date range, applicable CURS code and whether or not the file contains personal information (PI). Attach additional pages as needed.
5. Once completed, save this form under a different name and send it electronically to the Corporate Archives. Once the Corporate Archivist has completed **PART B**, the copy will be returned for you to retain in your records.
6. If you have any questions or concerns regarding the Archival Review process or this form, please contact the Corporate Archives directly.

PART A - REQUESTING DEPARTMENT & AUTHORIZATION

Department/Office of Responsibility	Contact Name & Title	Contact Email & Phone Number

AUTHORIZATION

- The material listed below is scheduled for archival review (AR) in the Carleton University Retention Schedule and we hereby request approval for destruction or transfer to Corporate Archives of said material.
- The material listed below is not currently the subject of or required for any outstanding claim, litigation, investigation, legal hold or audit.

Authorized within Department/Office (name)	Contact Email & Phone Number	Signature

PART B – CORPORATE ARCHIVE REVIEW

<p><u>ARCHIVES USE ONLY</u> ACTION (Destruction or Transfer?): NOTES/SPECIAL INSTRUCTIONS: ACC. # (If applicable)</p> <p>Archivist: Signature: Date:</p>
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Box #	File Title	Date (i.e. 1999-2010)	CURS CODE	PI (Y/N)	Destruction Method