FERRIS STATE UNIVERSITY

Certificate of Destruction

For Records on Approved Retention Schedule

			AUTHORITY
Date	**Records Officer**		**Date of Approved Schedule or Manual**
Division	**Department/Unit**		**Phone / E-mail**
Location			

Records Disposed Of			
Records Series (Include series title, schedule number and retention group number)	Dates Covered		Estimated Volume (Cubic Feet)
	From	Thru	

☐ **Destroyed** ☐ **Transferred to Records Centerfor destruction**

Name	**Title**
Signature	**Date**