

Wayne

Township Public Schools

REQUISITION FOR DISPOSAL OF RECORDS

School _____

Date _____

Agency #	9. Record Series #	10. Record Series Title/Description	11. Retention Period # of years	12. Inclusive Dates (month/year) From – To	13. Dispose After (month/year)	14. Volume - Total # bx (cubic feet)

* **Approval Signatures as follows:** Supervisor/Administrator; Director; lastly Business Administrator. You will be notified when completed for proper disposal.

Requested by: _____ (person completing form)

Comments: _____

Signature of Administrator: _____

Signature of Director: _____