



## Records Disposition Box Label

**Department:** \_\_\_\_\_

**Phone Ext.:** \_\_\_\_\_

**Department #** (ex: EHS-001): \_\_\_\_\_

**Box #** \_\_\_\_\_ of \_\_\_\_\_

**Contents** (Description and Dates of Documents): \_\_\_\_\_

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**Department Head:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Administrative Assistant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DATE OF DESTRUCTION:**

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*Month / Day / Year*