

**Description of Records:**

Box \_\_\_\_ of \_\_\_\_

Box Number

Project #:

Project Close Date:

Schedule Name:

Series Title:

**Destruction Date:**

**Primary Contact**

Dept: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Label Completed By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

A Certificate of Records Destruction (Form RM-3) must be completed and signed by the UVa Records Officer prior to destruction.

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