# Information Destruction Authorization Form

# Information and Archives Management Service

Under University [Policy 23 — Policy on Information Management](https://www.uottawa.ca/administration-and-governance/policy-23-policy-information-management) and [Procedure 20-4 — Disposition of Information](https://www.uottawa.ca/administration-and-governance/procedure-20-4-disposition-information), this form must be completed, signed and safeguarded to record the destruction of University information assets. Before completing this form, please contact the Information and Archives Management Service (IAM) at [GIA-IAM@uottawa.ca](mailto:GIA-IAM@uottawa.ca) if there is uncertainty concerning the proper and timely disposition of information.

**A – Unit contact information**

|  |  |
| --- | --- |
| *Last name First name*  Click or press here to enter text. | *Telephone*  Click or press here to enter text. |
| *Faculty or service*  Click or press here to enter text. | *Position title*  Click or press here to enter text. |

**B – Information Asset destruction**

In accordance with Procedure 20-4, the information assets identified in the list(s) below have completed their life cycle and can now be destroyed. Please examine the information assets named in the list(s) attached. Once approval is received, they will be destroyed.

*Lists should include all necessary information to clearly identify what type of information is being destroyed, volume (gb, or cm), box numbers, the class code, retention period, as well as the date ranges for each document or file. Attach the lists described below to this authorization form and keep them together.* ***Please contact the IAM for assistance in preparing these lists.***

|  |  |
| --- | --- |
| *Title of list to be destroyed*  Click or press here to enter text. | *List Format (Ex. PDF, Excel, Word)*  Click or press here to enter text. |
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**C – Manager’s or director’s authorization**

In accordance with Procedure 20-4, information assets in the list(s) attached can be destroyed.

Enter the name, position title and signature of the person responsible for the information assets below. The person responsible for information assets (**manager, director or more senior staff person**) of the unit that appears as the office of primary interest in the Classification and Retention Schedule is responsible for information assets created as part of the unit’s activities.

I authorize the destruction of the information assets identified in the list(s) named in **Section B**.

|  |  |
| --- | --- |
| *Name of manager or director (in block letters)*  Click or press here to enter text. | *Position title*  Click or press here to enter text. |
| *Signature*  Click or press here to enter text. | *Date*  Click or press here to enter a date. |

**D – Destruction Audit**

|  |  |
| --- | --- |
| *Destruction completed by* (action, person, company name)  Click or press here to enter text. | *Completion Date*  Click or press here to enter text. |
| *Reference # (if applicable)*  Click or press here to enter text. | |

**Please forward the completed form to Information and Archives Management Service.** [**GIA-IAM@uottawa.ca**](mailto:GIA-IAM@uottawa.ca)