



# City Colleges of Chicago Records Disposal Request

## Instructions

Please fill out and sign this page

Fill out the "RECORDS DISPOSAL CERTIFICATE FORM" but do not sign it

Send both forms to Administrative Services for submission to the Local Records Commission

## Requestor's Information

College / Department		Requestor Name	
Telephone		Title	
E-mail address		Date	

## Records Box Information

Number of boxes	
Please describe the content of the boxes	

The undersigned certifies that to the best of their knowledge, there is no ongoing litigation regarding any of the documents within these boxes. If in doubt, please contact the Director of Risk Management.

## Approvals (Please print, sign and date)

Department Head (print name)	Signature	Date
VP / Executive Director, Business Operations (print name)	Signature	Date
Director, Risk Management (print name)	Signature	Date
Associate Vice Chancellor, Administrative Services (print name)	Signature	Date