Department of Corrections
WASHINGTON STATE

RECORDS DESTRUCTION REQUEST

Submit a request for approval before any destruction of paper/electronic records with an assigned retention of one year or more per DOC 280.525 Records Management. Reference the applicable Records Retention Schedule for the record series title, retention and disposition, and Disposition Authority Number (DAN).

I have verified there is no public disclosure request or current/reasonably anticipated litigation occurring with these records. ☐ Yes ☐ No

Name _____ Facility/office _____ Telephone _____ Mailstop _____ Date _____

RECORD SERIES TITLE *(e.g., Public Disclosure/Records Requests)*	**PAPER**	**ELEC-TRONIC**	**RETENTION AND DISPOSITION** *(e.g., Retain for 2 years after public records request fulfilled then destroy)*	**DAN** *(e.g., GS 05001)*	**INCLUSIVE DATES**	**# OF BOXES**	**DATE DESTROYED** *(Once approved)*
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☐ Approved ☐ Denied

Records Officer _____ Signature _____ Date _____

Comments: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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