

Loss or Unauthorized Destruction of Records	
<p>Recovery</p>	<p>Recovery</p>

Schedule Number	Description of Records: The contents of each box should be listed separately.	Box Start Date (If applicable)	Box End Date (if applicable)	Date Destroyed (if known)

Number	should be listed separately.	(If applicable)	applicable)	(if known)
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Number	should be listed separately.	(If applicable)	applicable)	(if known)
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[illegible]

Department: _____

Department Head signature: _____

Records Manager signature: _____

Date: _____

Department Head signature: _____
 Records Manager signature: _____
 Date: _____

Records Manager signature: _____

Date: _____

Date: _____