

UNIVERSITY OF
MARYLAND SYSTEM

3300 Melzerou Road
Adelphi, Maryland 20783

CERTIFICATE OF RECORDS DISPOSAL

Institution: **BOWIE STATE UNIVERSITY**
Department:
Unit:

RETAIN ORIGINAL IN
OFFICE OF RECORDS MANAGER

Item #	Description of Records <small>(Include Title and/or Phone Number)</small>	Authorization for Disposal Inclusive Date			Volume <small>(Cubic Ft)</small>	Date of Disposal	Method of Disposal
		Schedule#	Item#	of Records			
							shred

I hereby authorize disposal of the above listed records, in accordance with a properly approved records retention schedule.

Signature

I hereby certify that the above listed records were disposed of as indicated

Signature

Date