Department:	Department:
Box Title/Number:	Box Title/Number:
Proposed destruction date:	Proposed destruction date:
☐ Yes Confidential: ☐ No	☐ Yes Confidential: ☐ No
Department:	Department:
Box Title/Number:	Box Title/Number:
Proposed destruction date:	Proposed destruction date:
Confidential:	Confidential:
Department:	Department:
Box Title/Number:	Box Title/Number:
Proposed destruction date:	Proposed destruction date:
☐ Yes Confidential: ☐ No	☐ Yes Confidential: ☐ No
Department:	Department:
Box Title/Number:	Box Title/Number:
Proposed destruction date:	Proposed destruction date:
☐ Yes Confidential: ☐ No	☐ Yes Confidential: ☐ No
Department:	Department:
Box Title/Number:	Box Title/Number:
Proposed destruction date:	Proposed destruction date:
☐ Yes Confidential: ☐ No	☐ Yes Confidential: ☐ No