

UNIVERSITY OF  
MARYLAND SYSTEM

3300 Melzerou Road

Adelphi, Maryland 20783

CERTIFICATE OF RECORDS DISPOSAL

Institution: BOWIE STATE UNIVERSITY

RETAIN ORIGINAL IN

Department:

OFFICE OF RECORDS MANAGER

Unit:

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

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