

NORTH CENTRAL STATE COLLEGE
CERTIFICATE OF RECORDS DESTRUCTION

Division
Department

Person Completing Form

Date

Dean/Director of Division

Date

Vice President for Business and Administrative Services

Date

Title of Records Series	Dates of Records	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____