



Alpha Records Management

Authorization for Destruction of Records

Company: _____

Bin: _____ Bulk: _____

Number of Boxes / Bags / Pallets to be destroyed: _____

Weight: _____

Memo: _____

Brief description of each box:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I authorize the items above to be destroyed by shredding.

Name: _____

Signature: _____

Date: _____