

**IADT  
Records Disposal Certificate**

**CERTIFICATE NUMBER:**

This certificate relates to records that are due for disposal in line with:

Institute's Records Retention Schedule

I approve of the disposal of the records listed on the attached Disposal List on the basis that:

- (a) The Institute has no further administrative use for the records
- (b) There is no legal or regulatory requirement for the ongoing retention of the records
- (c) The records do not merit permanent preservation in the Institute Archives

**Section/Unit**

**Approved By: (Head of Faculty, School, or Professional Service)**

Name in Block Capitals

Title

Signature

Date

**Governance and Compliance Officer review (if required)**

Review by Governance and Compliance  
Officer Required

Yes

No

**I confirm that these records may be disposed of**

Name in Block Capitals

Title

Signature

Date

<b>Confirmation: (designated person)</b>		
<b>I confirm that the records specified above were destroyed on:</b> [enter date]		
Name in Block Capitals	Title	
Signature	Date	
<b>Method of Destruction (please tick as appropriate)</b>		
Confidential shredding on-site	<input type="checkbox"/>	
Confidential shredding off-site	<input type="checkbox"/>	Please state name of shredding company:
Other	<input type="checkbox"/>	Please specify:
Certificate of Destruction provided?	<input type="checkbox"/>	