



Only Responsible Officers (as classified under the Student Records Management Policy and Procedures) should submit requests for destruction of records.

RECORDS DESTRUCTION AUTHORISATION FORM

Responsible Officer Making Request:
Position:
Email:
The person making the request should fill in the record destruction details on the second page of this form.

Confirmation	
<input type="checkbox"/> I have read the Student Records Management Policy and Procedures and confirm this request is consistent with the Retention and Disposal Schedule at Appendix 1 of that policy.	
<input type="checkbox"/> I confirm that the records to be disposed of are not (and I do not anticipate that they will be) the subject of a subpoena or other formal lawful request for access and do not relate to any ongoing action such as an appeal.	
Responsible Officer Signature:	Date:
College Director Approval	
This section is to be signed off by the College Director or delegate	
This records destruction request is approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Position:
Signature:	Date:

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Record Destruction Details

Proposed method of disposal:

- Physical destruction (shredding)
- Digital deletion (purging, overwriting, degaussing)

Record details

Description/Title	Date Range	Minimum retention period per Retention and Disposal Schedule

If necessary, attach another sheet (or spreadsheet).

TO BE FILLED IN BY RESPONSIBLE OFFICER	
Method of destruction:	
Destroyed by:	on:

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