

6.6 Disposition of Records / Data Register Form

Part I: Authorisation for Disposition of Records / Data

Function (Area / Office): _____

Proposed Destruction Date: _____

| Record / Data Group | Records / Data Description | Volume of Records / Data | Disposition by: Archive / Transfer / Destruction | Reason for Disposition |
|---------------------|----------------------------|--------------------------|---|------------------------|
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I certify that the above listed records / data may be disposed of in line with DIT's Records / Data Retention Schedule:

Signature: _____

Date: _____

Print Name: _____
(Head of Function)

Position: _____

Part II: Records / Data Destruction Certificate *(Please complete if records / data are to be destroyed)*

I certify that the above listed records / data were confidentially destroyed on _____ *(Insert Date of Destruction)*

Signature: _____

Date: _____

Print Name: _____

Position: _____