



INFORMATION DESTRUCTION AUTHORIZATION

This form is used to document the onsite destruction of government information in accordance with an approved information schedule.

Instructions: Complete all sections and forward form to your ministry-designated approver.

Attach a file list – Using EDRMS Content Manager, line of business system, or complete manual file list such as the [File List Form \(ARS661\)](#).

For redundant source information schedule applications complete and attach a [Digitization Process Worksheet \(ARS667\)](#) worksheet.

1. Contact for Destruction Request

Last Name		First Name	Email Address	
Office Name		Ministry/Agency		Phone No. (999-999-9999)
Office Location Address			City/Community	Postal Code
Comments - please add any general helpful information regarding the destruction (i.e. alternative contact or special instructions)				

2. Current Legal Custodian

Ministry/Agency	Office Contact Name and Phone Number (if different than requestor)
Branch/Division	Region/District
Current Location of Information (address)	Information Created By (If different than custodian)

3. Information Identification

Type of Information format:	<input type="checkbox"/> Digital	<input type="checkbox"/> Physical	<input type="checkbox"/> Both
Descriptive Title of Information (commonly used title and/or ARCS/ORCS primary and secondary numbers and titles).			
Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)	Volume (MB/GB, or # of boxes)	Schedule(s)

4. Ministry Approver Authorization

The information identified is eligible for destruction under an approved information schedule and has been reviewed to ensure there is no related litigation, legal action, request made under FOIPPA, or investigation underway or anticipated.

Name	Title	I approve the information destruction	Date (YYYY-MM-DD)

5. Confirmation of Destruction

Name	Title	Destruction Company	Date (YYYY-MM-DD)
Destruction Method			

