

FORT WORTH ISD | FOR THE RECORD DISTRICT RECORDS MANAGEMENT



Date: _____ School/Dept. #: _____

Name: _____

School/Dept.: _____

Telephone#: _____

I certify these records have met all retention requirements and there is no pending litigation or open records requests.

Custodian of Records Authorization:

Signature: _____

Printed Name: _____

Record Series #	Description of Records	School Year Produced	Number of Boxes
		Total Number of Boxes	

Page ____ of ____

RECORDS MANAGEMENT DEPARTMENT USE ONLY

Destruction Approval:

Approved

Denied

Signature: _____ Date: _____

Reason for Denial: _____

Email completed form to: recordsmanagement@fwisd.org