

SAC Records Destruction

This form documents the destruction of records for SACs.

SAC School Name:

SAC Chair/SAC Secretary/School Principal Name:

Date: [Click here to enter a date.](#)

Records List:

List the name and format of the file(s) ready for destruction

Destruction has been Completed By:

Name and Title: _____

Signature: _____

Date: [Click here to enter a date.](#)

Destruction has been Witnessed By:

Name and Title: _____

Signature: _____

Date: [Click here to enter a date.](#)