

Request Permission to Dispose of Records

Gettysburg College Special Collections Records Disposal Request

Submit this form to the Archives and retain a copy for your files. Files may *not* be destroyed until permission from the College Archivist is granted.

_____ requests that the
(Office/department)

following records be destroyed:

(Please list or describe records and inclusive dates)

Signature of Dept. Head/Director

.....
Approved ____ Not Approved ____

(Director, College Archivist)

(Date)