

**UNIVERSITY OF MARYLAND**  
**CERTIFICATE OF RECORDS DISPOSAL**

University of Maryland  
 Institution

Department

No.	Description of Records Including Title and/or Form Number	Authorization For Disposal		Inclusive Dates of Records Disposed of	Volume (Cubic Feet)	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				

I hereby certify that the above listed records were disposed of as indicated. Retain certificate in unit for 10 years after records disposal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date