

**DEPARTMENT OF THE INTERIOR**  
**AUTHORIZATION TO DESTROY NONCLASSIFIED/NONINDIAN TRUST**  
**MATERIAL**

NOTE: THIS FORM, COMPLETED IN ITS ENTIRETY AND SIGNED BY THE RECORDS MANAGEMENT OFFICER OR ANOTHER AUTHORIZED REPRESENTATIVE FOR THE BUREAU/OFFICE REQUESTING DESTRUCTION, MUST ACCOMPANY ALL MATERIAL TO BE DESTROYED UTILIZING THE OFFICE OF THE SECRETARY (OS) CENTRALIZED SHREDDING PROGRAM.

A COPY OF THE COMPLETED FORM WILL BE FORWARDED TO THE OFFICE RESPONSIBLE FOR THE MATERIAL SHORTLY AFTER DESTRUCTION.

\* APPROVING THIS FORM IS CERTIFYING THAT NONE OF THE RECORDS BEING DESTROYED CONTAIN INDIAN TRUST OR ANY OTHER ON-GOING LITIGATION.

**Part 1. To be Completed by the Bureau/Office Requesting Destruction**

Name of Bureau/Office responsible for material to be destroyed:  Bureau: _____  Office: _____	Name and telephone number of contact person for material to be destroyed:  Name: _____  Telephone Number: _____
Description of materials to be destroyed (include dates):     _____ *Signature of Records Contact  _____ *Signature of Office Head or Authorized Representative  _____ Signature of OS Records Officer	Records disposal authority for material to be destroyed:     Date:  Date:  Date:

**Part 2. To be Completed by the Office of the Secretary Records Official**

Date material was Delivered to OS Official:  _____	Date material was destroyed by OS Official:  _____	Volume of material destroyed (e.g. 2 bxs)  _____	Was material sealed?  ___Yes___ NO
Name of employee destroying material:  Print: _____  Signature: _____	Name of witness, if required:  Print: _____  Signature: _____		