# Certificate of Destruction/Transfer

**State of Arizona**

**Department of Library, Archives & Public Records**

**RECORDS MANAGEMENT DIVISION**

1919 West Jefferson Street
Phoenix, Arizona 85009
542-3741

**AUTHORITY**

**DATE OF APPROVED SCHEDULE OR MANUAL**
4/2/90

**STATE AGENCY**

**AGENCY NAME**
ARIZONA STATE UNIVERSITY

**ORG. UNIT**

**DEPT. OF INFORMATION**

**PHONE**
X9999

**ADDRESS**
Box 9999

**CITY**
TEMPE

**AZ ZIP**
85287-9999

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**RECORDS DISPOSED OF**

<table>
<thead>
<tr>
<th>RECORD SERIES</th>
<th>DATES COVERED FROM</th>
<th>DATES COVERED THRU</th>
<th>VOLUME ESTIMATED (CUBIC FEET)</th>
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</thead>
<tbody>
<tr>
<td>General Administrative Files</td>
<td>1980</td>
<td>1985</td>
<td>20</td>
</tr>
<tr>
<td>General Correspondence Files</td>
<td>1983</td>
<td>1987</td>
<td>5</td>
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<tr>
<td>Offices Personnel Files</td>
<td>1980</td>
<td>1984</td>
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</table>

**CERTIFICATE**

- **DESTROYED**
- **TRANSFERRED TO STATE ARCHIVES**
- **OTHER**

**NAME**

**TITLE**

**SIGNATURE**

**DATE**

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Retain blue copy. Forward yellow copy to Records Management Division.