



**Delmarva Archive**  
**Record Storage and Management**  
 901 West Isabella Street  
 Salisbury, Maryland 21801

Office: 410-219-114  
 Fax: 410-219-1152

## Authorization for Destruction

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

This document shall serve as a written Authorization of Destruction. In my capacity as a representative of this company, I authorize Delmarva Archive to permanently remove and shred the boxes listed below.

AUTHORIZED BY:	DATE:
SIGNATURE:	POSITION/TITLE:

	BOX NUMBER	BOX DESCRIPTION	DESTRUCTION DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

These records shall be stored in Delmarva Archive's secured record center until final destruction.