



INDIANA UNIVERSITY
CERTIFICATE OF DESTRUCTION

The information described below was destroyed in the normal course of business pursuant to Indiana University's retention schedule and destruction policy and procedures.

Date of Destruction: _____ Authorized By: _____

Description of the Information Destroyed/Disposed of:

Dates Covered: _____

TYPE OF RECORD:

- Paper
Electronic
Both

METHOD OF DESTRUCTION:

If Paper:

- Shredding
Burning
Pulping
Pulverizing
Other:

If Electronic:

- Secure Wiping/Overwriting
Reformatting
Other:

Records Destroyed By: _____

Witnessed By: _____

Department/Unit Manager: _____

*If records are destroyed by a vendor, the IU HIPAA Affected Area must use an IU approved vendor.

Retain Certificate of Destruction permanently