

To: Supervisor
Records Center
2910 LeMone Blvd.
Columbia 65211

FROM:	
CAMPUS	Telephone Number
ROLLA	
Date	Contact person
Type of Material (Required) <input type="checkbox"/> Paper <input type="checkbox"/> Other _____	

**DISPOSE OF THIS BOX UPON RECEIPT
~NOTE~**

Use of this label restricted to disposal of confidential or sensitive records only-

Boxes must be of reasonable size and have a cover (i.e. copy paper box). Tape top and bottom of box.

CAUTION: Make certain that you have authority to destroy these records.

UM 179A (SEP 04)

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