

**TO: Supervisor Records  
Center 2910 LeMone  
Blvd. Columbia, MO  
65211**

<b>FROM:</b> Department	
Campus	Telephone Number
Date	Contact Person
Type of Material ( <b>Required</b> )	
Paper	
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.