



State of Illinois
Department of Human Services
Records Eligible for Destruction

From: Office: _____
Address: _____
Contact Person: _____
Phone Number: _____
Number of boxes destroyed: _____

Date Disp. Cert. Sent: _____
Date Approved: _____
Shred Date: _____
Schedule Number: _____

Reserved For Storage Use Only

Record Title/Name	Record I.D. Number	Date Closed Month/Year

Preparers Signature: _____ Title: _____

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