



Cornerstone

RECORDS MANAGEMENT

DOCUMENT SHREDDING AUTHORIZATION

Account Name: _____

Account Number: _____

Date: _____

Please Shred The Following:

Number of Cartons: _____

_____ Barcode numbers marked on attached inventory

_____ New cartons to be shredded

Carton Status:

_____ Presently stored at Cornerstone Records Management

_____ Picked up from client

_____ Dropped off by client

By signing this form, I authorized Cornerstone Records Management to shred these cartons.

Authorized Signature: _____

Print Name: _____