TD

## **Storage Termination / Disposal Form**

Contact Information			
Date	Department		Account #
Contact Name	Phone #	Alternate Phone #	Email
Type of Request			
Storage Termination:		Move-Out Date:	
Storage Disposal:		Disposal Date:	
Description of Items to be disposed:			
University policies. USC dep	artments must contact, a ent must be notified of su	naterials containing confidentia rrange and pay for shredding s uch arrangements at least 5 bus	ervices directly with an outside
Dept. Authorized Signer:			
	(Print Name)		(Signature)
	Phone #		Email
MMS Supervisor:			
	(Print Name)		(Signature)
	Phone #		Email

Email Request to: mmsorder@usc.edu Fax Request to: (213) 749-9821