**Shred Records Form**

Contact Information:

|  |  |
| --- | --- |
| Today’s Date: |  |
| Requestor’s Name: |  |
| Requestor’s Email: |  |
| Telephone Ext: |  |
| Budget Number: |  |
| Department: |  |

Records in Container(s) Located Below:

|  |  |
| --- | --- |
| Building Name: |  |
| Floor Number: |  |
| Room Number: |  |
| Quantity of Containers/Boxes to be Shreded: |  |

Be sure to label the **SIDE** of each container/box with your name and budget number.

Go to the Facilities online work request system (Babson Portal):

1. To request an empty 96 gallon container (when needed).
2. To request pick up of containers/boxes to be delivered to the locked cage area of the warehouse.

**Email completed form to lsullivan@babson.edu.**