

HUD Records Destruction Form
Form 1067

U.S. Department of Housing and Urban Development
Office of Administration

Date Reported	Name of Reporting Office (Including primary organization, division, branch)
<input type="text"/>	<input type="text"/>

Records Custodian (name, title, phone #)	Your Records Management Coordinator (name)
<input type="text"/>	<input type="text"/>

We request authorization to destroy the below listed records which have reached their retention period per the following noted Records Schedule:

File Plan Name (if applicable)	Record Row #	Record Series Title or Electronic Application Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Record Series Schedule	Record Series Item #
<input type="text"/>	<input type="text"/>

Records Retention Instructions	Disposition Authority
<input type="text"/>	<input type="text"/>

Date Range of Records to be Destroyed	Paper or Electronic Record?	Volume/Number of Records to be Destroyed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Inventory of Records to be Destroyed (and additional details or comments) Check Here If Separate Inventory Is Attached

INSTRUCTIONS- Record Custodian must complete the first page using your approved Office File Plan or Record Schedule, then forward the form to your Program Area Manager.

- Records may not be destroyed/ deleted until you receive authorization-

I authorize you to destroy these records in accordance with all applicable HUD requirements & Federal regulations.