10.7 Record Retention Policy

Policy Number & Name: 10.7 Record Retention Policy
Approval Authority: Administrative Council
Responsible Executive: Vice President and General Counsel
Responsible Office: Office of the General Counsel
Effective Date: June 24, 2011

1. Purpose and Summary of Policy

This Policy sets forth the standards and procedures for the systematic review, retention and destruction of records received or created in the course of University operations (as further defined below, “Records”).

It is the intention of this Policy to ensure that the University:

(a) Establishes the minimum amount of time a particular type of Record must be retained;
(b) Ensures that Records are not improperly or prematurely disposed of;
(c) Protects the privacy of faculty, staff and students to the extent required by law;
(d) Optimizes the use of space; and
(e) Properly disposes of outdated Records.

All University employees who have access to, or create or use, University Records are responsible for ensuring that Records are generated, used, maintained, stored, retained and destroyed in accordance with this Policy. Removal, modification or destruction of Records in a manner that is inconsistent with this Policy is prohibited.

2. Policy Statement

A. Retention of Records

University Records must be retained in accordance with this Policy, any Record Retention Schedule attached to this Policy and any Record Management Procedure adopted by the Office of the Provost with respect to most academic Records or by an administrative department of the University with respect to all other Records. A Retention Period is the minimum length of time a department is required to retain that particular type of Record. Retention Periods are intended to be consistent with applicable legal, accreditation and other standards, including best practices.

A “Record” is the original copy of any recorded information involving University activities and operations, regardless of format.

An Active Record is one that serves a current purpose and should be retained for as long as it is in use, even if this period exceeds the applicable Retention Period. Once the Record is no longer needed to conduct current business, it becomes an Inactive Record and should be disposed of in accordance with its specified Retention Period. Inactive Records must be retained until the expiration of their Retention Period. Copies of Records maintained for convenience are Non-Records, are not covered by the Policy and may be disposed of when no longer useful.

Records that have permanent or enduring historical, legal, fiscal, research or administrative value to the University, are considered Permanent Records and must be retained indefinitely.

To the extent not prohibited by law or regulation, a Record in paper form may be digitally scanned, microfilmed or microfiched and substituted for an original paper document. The applicable Retention
Period for a Record does not change when a properly substituted image of a Record is created. A Record’s mandatory minimum retention period is counted from the creation or receipt of the original Record, not the date on which the substitute image was created.

B. Electronic Records

Electronic Records, including e-mails, are equally subject to this Policy. Electronic Records include information created, retained or maintained in a non-tangible electronic format including without limitation e-mails, word processed documents, spreadsheets, databases, HTML documents, scanned or imaged documents, and any other type of file maintained online, on a main frame or server, on a computer hard drive, or on any external storage medium (including tapes, cassettes, floppy disks, optical disks, CD-ROMs and thumb-drives).

C. Confidential Records

Many Records subject to record retention requirements are Confidential Records containing non-public confidential or personal information. Confidential Records may be protected by federal, state and local laws including the Family Educational Rights and Privacy Act (FERPA), the Gramm-Leach-Bliley (GLB) Act, and the Health Insurance Portability and Accountability Act (HIPAA), and must be securely maintained, controlled and protected to prevent unauthorized access or disclosure. In addition, the University may have agreed with governmental or corporate sponsors to keep certain information confidential.

Confidential Records include student records, personnel records, health records, social security numbers, academic records, research plans, operational information, intellectual property of the University including know-how, trade secrets, methods, techniques, designs and specifications, computer source code, confidential information about University corporate or governmental sponsors, any records subject to a confidentiality agreement signed by the University, any record subject to a privilege such as the attorney-client or work product privileges, and any other information marked “confidential.”

In addition to this Policy and all statutory requirements, any Record that contains confidential data should be treated in accordance with other University policies regarding privacy and information security.

D. Administration of the Policy

One or more Record Retention Schedules will be promulgated and attached to this Policy to establish Retention Periods for different types of University Records.

In addition, and in accordance with this Policy, the Office of the Provost and each administrative department must develop its own Records Management Procedure covering the particular Records it maintains. Departments may choose to extend a Record’s minimum Retention Period beyond that specified in a Record Retention Schedule, but may not reduce the Retention Period.

The Office of the Provost and each administrative department shall designate a Records Manager to administer this Policy and the applicable Records Management Procedure. Each Records Manager must:

(a) Be familiar with the this Policy;
(b) Develop the department’s Records Management Procedure;
(c) Oversee compliance with this Policy and the department’s Records Management Procedure;
(d) Restrict access to Confidential Records;
(e) Coordinate the destruction of Records in accordance with this Policy; and
(f) Inform the General Counsel if a breach of this Policy occurs.
Questions regarding the application of this Policy to a particular Record should first be addressed by the Records Manager within the department, and then brought to the attention of the General Counsel if further clarification is necessary.

E. Preservation of Records Relevant to Legal Matters

Any Record or Non-Record that is relevant to pending or anticipated litigation, or that pertains to a claim, audit, agency charge, investigation or enforcement action, must be retained at least until final resolution of the action, regardless of the expiration of its Retention Period.

In the event of a threatened or pending litigation or investigation, the Office of the General Counsel may issue a Legal Hold that temporarily suspends this Policy as well as all departmental Record Management Procedures to prevent the accidental deletion of documents relevant to the matter. If an employee receives notice that a Legal Hold has been issued, or if an employee receives information concerning a current or pending litigation or investigation, or suspects the possibility of a future investigation or litigation, the employee must not destroy, delete or alter any Records, including Electronic Records that may be relevant to the matter. Even inadvertent destruction of Records can lead to serious consequences for the employee and for Stevens.

Any University employee who receives information concerning a current or pending litigation or investigation, or who suspects the possibility of a future investigation or litigation, should immediately contact the Office of the General Counsel.

F. Disposal of Records

In the absence of a Legal Hold, Inactive Records that have reached the end of their Retention Period should be disposed of in a timely fashion. Active Records that have reached the end of their Retention Period should be retained until they become Inactive. If an agreement provides that a Record should be kept for a period that is longer than the Retention Period, it should be kept for the period specified in the agreement.

Once an employee has determined that, consistent with this Policy and the department’s Records Management Procedure, it is appropriate to dispose of a Record, it can be destroyed in one of the following ways:

(i) Paper Records that are not Confidential Records may be disposed of by means of regularly established departmental practices for handling recyclable or waste paper;
(ii) Electronic Records that are not Confidential Records may be erased or destroyed;
(iii) Confidential paper Records must be redacted, burned, shredded or otherwise rendered unreadable prior to disposal;
(iv) Confidential Electronic Records and other non-paper media must be destroyed, erased or otherwise rendered irretrievable, illegible and unrecognizable by any other appropriate means. Departments should contact the Office of Information Technology for guidance on how to appropriately destroy Confidential Electronic Records.

G. Assistance in Administering this Policy

Any employee who has questions about this Policy or record retention in general should contact the Records Manager in the relevant department or the Office of the General Counsel.