

CERTIFICATE OF RECORDS DESTRUCTION

Department: _____ Dept. Code: _____

Division: _____ Date: _____

In accordance with the legal authority granted by the State Records Committee (WS 9-2-412), the (following) (attached listing of) records have met all legal retention requirements and are eligible for destruction.

Transfer MA No.	Disposition Number	Record Title	Inclusive Dates	Volume

I certify that I have reviewed the (above) (attached listing of) records and authorize their destruction.

Dept. Head or Records Officer: _____ Title: _____

FOR STATE ARCHIVES USE ONLY: These records were destroyed (in office) (by Archives) and were (shredded) (recycled) (buried).

Approved: _____ Archivist

Please sign and return the original. Retain a copy for your files