

Records Destruction Certificate

Division: _____ Department: _____ Bldg/Room: _____
Prepared by: _____ Email: _____ Phone: _____

Series # (From State University Records Schedule)	Title of Records (As shown on State University Records Schedule, may add additional brief description)	Date Span		Format (Paper, Electronic, CD, DVD, Tape)	Volume		Destroyed By (Shred, Erase or Trash)
		Start mm/yyyy	End mm/yyyy		(Cubic Feet or Megabytes)		

DESTRUCTION APPROVALS

Note: University Records Officer approval is **required** before destroying any university records.

For records not listed on the [State University Records Schedule](#), please contact Records and Information Management, x5742.

We certify that the records listed above have met the scheduled retention period, completed required audits, and there is no known pending or ongoing litigation or investigation involving these records.

Destruction Date _____

Records Custodian (Print) _____ Signature _____ Date _____

University Records Officer Vicki Cooper or Kami McDaniel Signature _____ Date _____