

# Records Destruction Certificate

Division: \_\_\_\_\_ Department: \_\_\_\_\_ Bldg/Room: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## 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 Lois Hamill Signature \_\_\_\_\_ Date \_\_\_\_\_