

Records Destruction Authorization and Certificate

Department, Division, Name, Address	Records Liaison (or employee completing form)
	Date

The records listed below are now eligible for destruction according to the approved records retention schedule. Please indicate your approval for the destruction unless reasons to delay exist. Your signature below attests that no unresolved (1) audit questions, (2) investigations, (3) civil suits or criminal prosecutions, or (4) other reasons for holding up the destruction exist. If the destruction is to be delayed, please give the reason in the space indicated and provide a revised destruction date.

Schedule Item No.	Series Title, Inclusive Dates, and Total Volume	Scheduled Destruction Date	Revised Destruction Date

Reason for Continued Retention

Security Destruction <input type="checkbox"/> Yes <input type="checkbox"/> No	Records Liaison (Print & Sign)	Date
Department Head (Signature)		Date

Certificate of Destruction

This completed and signed form certifies that the records listed above have been destroyed on the date shown below.

If Security Destruction, Witnessed By or Conducted by (Print & Sign)	Date
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Records Liaison (Signature)	Date
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