

## Destruction Certificate Records Management March 2017

College / Office / Department	Division / Section		
Name and Title of Person Completing Form	Phone Extension	Email Address	

Information on Records Destroyed					
Records Series Title	Date Range (mo/yr)	Location	Volume	Destruction Method	

I certify that the records listed above have been retained for the scheduled retention period, required audits have been completed, and no pending or ongoing litigation or investigation involving these records is known to exist.

Approver	Signature	Date
Destroyed by	Signature	Date