

SSARC-933 (04/2021)

## **CERTIFICATE OF DESTRUCTION**

Agency Contact Information		
Agency Name:		
Address:		
Name of Records Officer:		
Phone:	Email:	

You may not dispose of any records that are subject to legal holds, election challenges, or audit, even if the records have met their retention requirements.

## **Certificate of Destruction Statement:**

I hereby certify that the records listed below were disposed of using the following process:

□ Degaussing/Erase □ Deletion □ Incineration □ Landfill □ Maceration □ Pulverization □ Recycle □ Shred □ Other

**Note:** If the record series being destroyed contains information considered <u>confidential</u> in nature, the records series must be disposed of in a secure manner, such as by shredding or incineration.

## Date of Disposal:

Signature	of Witness
-----------	------------

**Date Signed** 

## Printed Name

List of Records Destroyed (Attach spreadsheet if more space is needed)		
Records Series Title	Inclusive Dates or File Break	

Note: Please retain this document permanently. File with corresponding Authority to Dispose of Record Form SSARC-930.