Print Form

Certificate of Destruction

SSARC 933 (R 11/2010)

Once completed, keep this form with the corresponding approved Authority to Dispose of Records form (SS ARC 930)

1. Name and Address of Agency	
Sample Dept., Agengy, Section (if Applicable) 1234 Main St. PO BOX 1234 Anytown, LA 70804	SECRETARY OF STATE DIVISION OF ARCHIVES RECORDS MANAGEMENT & HISTORY P.O. BOX 94125, Capitol Station Baton Rouge, Louisiana 70804-9125

2. Records Officer and Title

Records Management Officer Name and Official Title

3. Certification of Destruction Statement

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

☐ Landfill ☒ Recycling ☒ Shredding ☐ Incineration ☐ Maceration ☐ Pulverization ☐ Degaussing

☐ Other: _____

on 11/23/2010 for the Agency listed in section one above.

Witness (Signature)

Jane Doe Witness

Witness Name (Printed)

Listing of Records Being Destroyed

Records Series	Inclusive Dates or File Break
Correspondence Sent and Received	1995-2000
Invoices	1/2002-12/2002
Time and Attendance (W/original Signatures)	1995-2008