

Certificate of Records Destruction

This form documents the destruction of public records in accordance with Records Retention Policy of the University of North Georgia and retention period guidelines as prescribed in the Records Retention Series Index of the Board of Regents of the University System of Georgia.

Unit Name:				
Name of Person Cor	mpleting Form:			
Office Location:				
Telephone:	E-mail	:		
Records to be destro	oyed:			
RRSI Category/Number	Document Title	Date Range (MO/YR)	Location	Volume (Cu.Ft.)
Destruction App We certify that the recor		retained for the scheduled	retention period, required	l audits have been completed,
pending or ongoing litiga	ation or investigation involv	ving these records is known	to exist.	
APPROVING OFFICIAL (Print)		SIGNATURE	/// DATE	_
RECORDS OFFICER (Print)		SIGNATURE	////	_
RECORDS DES				
				_
PRINT NAME		SIGNATURE	DATE	