



# State Government Records Destruction Notice



State Agency Name \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Program Unit \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Destruction Method

For Paper Records: Total Cubic Feet

For Electronic Records: Total Bytes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify that the records to be destroyed are correctly represented below, that they are eligible for destruction according to the Records Disposition Authority approved by the State Government Records Commission, that audit and Sunset Review requirements have been fully satisfied, and that the records are not required for any pending or imminent litigation.*

Signature of Authorizing Official \_\_\_\_\_

Title \_\_\_\_\_

*(Signature may be digital but may not be only a typed name)*

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Records Title as Shown on RDA	Retention as Shown on RDA	Inclusive Dates	Date Audited	Format	Volume

Records Title as Shown on RDA	Retention as Shown on RDA	Inclusive Dates	Date Audited	Format	Volume