

Obsolete Records Destruction Documentation

Agency: _____ Division: _____

Subfunction Name	Record Title as Listed on RDA	Date Span (beginning & ending dates)	Volume (cubic feet)

I hereby certify that the records listed above are represented correctly and that further retention is not required in accordance with the agency Records Disposition Authority or for any pending/imminent litigation.

Approval by Agency Head or Supervisor: _____

Date: _____

Verification/Approval by Agency Records Liaison/Manager: _____

Date: _____

Date Records Destroyed: _____