

Name of Agency: _____

Obsolete Records Destruction Documentation

Custodian of Records: _____

Division/Section: _____

Record Title as Listed on RDA	Date Span (beginning & ending dates)	Format (paper, electronic, etc.)	Volume (cubic feet, KB/MB/GB)

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

Approval by Agency Head or Supervisor: _____

Date: _____

Verification/Approval by Agency Records Liaison/Manager: _____

Date: _____