



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 legislation.

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