

This form documents the destruction of official records in accordance with the Georgia Records Act O.C.G.A. § 50-18-90. USE THE BUTTON TO THE RIGHT TO EMAIL RIM@WESTGA.EDU.

1. Division, College, or School		2. Department / Unit and Area					
3. Person Completing Form		4a. Direct Campus Telephone Number		4b. E-mail Address			
5. Records to Be Destroyed							
a) Records Series Number <i>(9 digit)</i>	b) Records Series Title <i>(limited to two lines)</i>	c) Retention Period <i>(limited to two lines)</i>	d) Inclusive Dates <i>mm/dd/yyyy</i>		e) Location <i>(optional)</i>	f) Volume <i>(optional)</i>	g) Destruction Method <i>(shred, 3rd party, delete, recycle, transfer)</i>

NOTE: Prior authorization from the University Approving Official and the University Records Information Manager is required before the destruction of official university records. No vendor certificates or other attachments (such as lists of files destroyed) are required.

Approvals			
<i>Use self-signature ID (digital signature) to sign form</i>			
By signing below, we certify these official records have met their minimum retention period by law, any audits are completed, and no pending or ongoing litigation or investigation involving these records is known to exist.			
6. Approving Official			
7. University Records Information Manager			
8. Records Destruction Affirmed By		Date of Destruction	
<i>I hereby certify that in compliance with the Records and Information Management Policy and the approved Records Retention Schedules the aforementioned records were destroyed on</i>		<i>mm/dd/yyyy</i>	