Certificate of Records Destruction

UNIVERSITY OF WEST GEORGIA

(Form RIM-01 January 2023)

1. Division, College, or School

This form documents the destruction and/or transfer of official records in accordance with the Georgia Records Act O.C.G.A. § 50-18-90.

Office of Legal Affairs **Records Information Management Program**



3. Person Completing Form		4a. Direct Campus Te	elephone Numbei	r	4b. E-mail Address			
5. Records to Be Destroyed								
a) Series Number (9 digit)	b) Records Series Title (limited to two lines)	c) Retention Period	1.5			e) Notes asferring, name unit are being shipped to)	f) Disposition (shred, 3 rd party, delete, recycle, transfer)	
NOTE: Prior authorization from the University Records Information Manager and University Approving Official is required before the destruction of official university records. No vendor certificates or other attachments (such as lists of files destroyed) are required.								
Approvals Use digital or electronic signature to sign form								
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. University	Records Information Manager							
7. Approving	Official (unit head/chairperson)							
8. Records Destruction Affirmed By						Date of		
I her		•	estroyed in compliance with the Records and Information t Policy and the approved Records Retention Schedules on			Destruction		
	Fmai	I completed form to re	ecords@westga.e	du				

2. Department / Unit and Area