

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.

<b>1. Division, College, or School</b>		<b>2. Department / Unit and Area</b>				
<b>3. Person Completing Form</b>		<b>4a. Direct Campus Telephone Number</b>		<b>4b. E-mail Address</b>		
<b>5. Records to Be Destroyed</b>						
<b>a) Series Number</b> <i>(9 digit)</i>	<b>b) Records Series Title</b> <i>(limited to two lines)</i>	<b>c) Retention Period</b>	<b>d) Inclusive Dates</b>		<b>e) Notes</b> <i>(If transferring, name unit records are being shipped to)</i>	<b>f) Disposition</b> <i>(shred, 3<sup>rd</sup> party, delete, recycle, transfer)</i>

*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.

<b>6. University Records Information Manager</b>			
<b>7. Approving Official</b> <i>(unit head/chairperson)</i>			
<b>8. Records Destruction Affirmed By</b>		<b>Date of Destruction</b>	
<i>I hereby certify that the aforementioned records were destroyed in compliance with the Records and Information Management Policy and the approved Records Retention Schedules on</i>			