North Georgia College & State University
Certificate of Records Destruction

This form documents the destruction of public records in accordance with Records Retention Policy of North Georgia College & State University and retention period guidelines as prescribed in the Records Retention Series Index of the Board of Regents of the University System of Georgia.

1. Unit Name: _____
2. Name of Person Completing Form: _____
3. Office Location: _____
4. Telephone:_____ E-mail: _____
5. Records to be Destroyed:

RRSI Category/Number	Document Title	Date Range (MO/YR)	Location	Volume (Cu.Ft.)
		___/___ to ___/___		
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Destruction Approval:

We certify that the records listed above have been retained for the scheduled retention period, required audits have been completed, and no pending or ongoing litigation or investigation involving these records is known to exist.

_____ _____ _____/_____/_____
APPROVING OFFICIAL (Print) SIGNATURE DATE

_____ _____ _____/_____/_____
RECORDS OFFICER (Print) SIGNATURE DATE

RECORDS DESTROYED BY:

_____ _____ _____/_____/_____
PRINT NAME SIGNATURE DATE