**Certificate of Destruction**

**SSARC 933 (R 11/2010)**

Once completed, keep this form with the corresponding approved Authority to Dispose of Records form (SS ARC 930)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name and Address of Agency | SECRETARY OF STATE  DIVISION OF ARCHIVES RECORDS MANAGEMENT & HISTORY  P.O. BOX 94125, Capitol Station  Baton Rouge, Louisiana 70804-9125 | | | |
| Sample Dept., Agengy, Section (if Applicable) |
| 1234 Main St. |
| PO BOX 1234 |
| Anytown, LA 70804 |
| 2. Records Officer and Title  Records Management Officer Name and Official Title | | | | |
| 3. Certification of Destruction Statement  I hereby certify that the following records listed below were disposed of by:  Landfill Recycling Shredding Incineration Maceration Other:  on 11/23/2010 for the Agency listed in section one above.  Jane Doe Witness  Witness (Signature) Witness Name (Printed) | | | Pulverization | Degaussing |
| **Listing of Records Being Destroyed** | | | | |
| **Records Series** | | **Inclusive Dates or File Break** | | |
| Correspondence Sent and Received | | 1995-2000 | | |
| Invoices | | 1/2002-12/2002 | | |
| Time and Attendance (W/original Signatures) | | 1995-2008 | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |