

SAMPLE CERTIFICATE OF DESTRUCTION

The information described below was destroyed in the normal course of business pursuant to the organizational retention schedule and destruction policies and procedures.

Organization:	Organization Contact:
Date of Destruction:	Authorized By:
Description of Information Disposed Of/Destroyed:	
Inclusive Dates Covered:	
<p>METHOD OF DESTRUCTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Overwriting <input type="checkbox"/> Pulping <input type="checkbox"/> Pulverizing <input type="checkbox"/> Reformatting <input type="checkbox"/> Shredding <input type="checkbox"/> Other: _____ 	
Records Destroyed By*:	
If On Site, Witnessed By:	
Department Manager:	
<p><i>*If records destroyed by outside firm, must confirm a contract exists</i></p>	