

CERTIFICATE OF RECORDS DESTRUCTION

This form documents the destruction of public records in accordance with: O.C.G.A. 50-6-24; OMB Circular A-133

Government Agency: State of Georgia – Department of Behavioral Health & Developmental Disabilities
Division / Office:
Address:
City / County:
Telephone

Records To Be Destroyed

Schedule and Series Number	Records Series Title	Year of Files	Location	Volume of records

Destruction Approvals

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 Name)

Signature

Date

Designated Records Officer (Print Name)

Signature

Date

Records destroyed By _____
Name (Print or Signature)

Date of Destruction