

State University of New York at Oneonta
Certificate of Records Destruction

This form documents the destruction of public records in accordance with SUNY Records Retention Policy and/or the General Retention and Disposition Schedule for New York State Government Records.

Dept. Name	Division:
Person Completing Form:	Phone Number:
Email Address:	Location of Records:

RECORDS TO BE DESTROYED:

Retention Schedule #	Records Series Title	Date Range Mo/Yr	Record Location	Destruction Date Mo/yr	Destruction Method

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 (M/D/Y) RECORDS OFFICER (PRINT) SIGNATURE DATE (M/D/Y)

RECORDS DESTROYED BY: _____

PRINT NAME SIGNATURE DATE (M/D/Y)