

Г

SSARC-933 (09/2020)

CERTIFICATE OF DESTRUCTION

Agency Contact Information	
Agency Name:	
Address:	
Name of Records Officer:	
Phone:	Email:
Certificate of Destruction Statement:	
I hereby certify that the records listed below were disposed of using the following process:	
□ Degaussing/Erase □ Deletion □ Incineration □ Landfill □ Maceration □ Pulverization □ Recycle □ Shred □ Other	
Date of Disposal:	
Signature of Witness Date Signed	
Printed Name	
List of Records Destroyed	
(Attach spreadsheet if more space is needed)	
Records Series Title	Inclusive Dates or File Break

Note: Please retain this document permanently. File with corresponding Authority to Dispose of Record Form SSARC-930.