**State of Rhode Island  
De****partment of State - State Archives & Public Records Administration**

**Certification of Records Destruction**

*In accordance with the authority granted by RI General Law 38, these records have met the legal retention requirements and mandated conditions and are eligible for destruction on date below.*

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| --- | --- | --- | --- |
| **Department:** |  | **Date:** |  |
| **Division/Unit:** |  |  | |

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| --- | --- | --- | --- |
| **Record Series Number** | **Record Series Title** | **Dates From/To** | **Volume** |
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**Please certify, sign, and submit to records@sos.ri.gov for State agencies or localgov@sos.ri.gov for municipalities:**

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| --- | --- |
| **STATE AGENCIES ONLY:** *(check one; skip if municipal)* | *I certify that none of the above records have ever been to the State Records Center.* |
| *Records have been to the State Records Center and the required box list is attached.* |
| **ALL AGENCIES:** | *I certify that I have reviewed the above listed records, for which all conditions have been met, and authorize their destruction.* |

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| **Department Head or  Records Custodian:** |  | **Date:** |  |
| Agency Signature |  | |
|  | | |
| Print Name & Title | | |
| **State Archivist & Public Records Administrator:** |  |  | |
| **Date:** |  |
|  | Department of State Signature |  |  |

***Signed and executed certification is a permanent record (RI General Law*** ***§ 42-8.1-10).***