

Sample Certificate of Destruction

Facility Name

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

Date of destruction: _____

Description of records or record series disposed of: _____

Inclusive dates covered: _____

Method of destruction:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Burning | <input type="checkbox"/> Shredding | <input type="checkbox"/> Pulping |
| <input type="checkbox"/> Demagnetizing | <input type="checkbox"/> Overwriting | <input type="checkbox"/> Pulverizing |
| <input type="checkbox"/> Other: | | |

Records destroyed by: _____

Witness signature: _____

Department manager: _____

Note: This sample form is provided for discussion purposes only. It is not intended for use without advice of legal counsel.