

Certificate of Records Destruction

(Form RIM-01 November 2024)

This form documents the destruction and/or transfer of official records in accordance with the Georgia Records Act O.C.G.A. § 50-18-90.

UNIVERSITY OF WEST GEORGIA

Office of Legal Affairs
Records Information Management Program



1. Division, College, or School		2. Department / Unit and Area				
3. Person Completing Form		4a. Direct Campus Telephone Number		4b. E-mail Address		
5. Records to Be Destroyed						
a) Series Number <i>(9 digit)</i>	b) Records Series Title <i>(limited to two lines)</i>	c) Retention Period	d) Inclusive Dates		e) Notes <i>(If transferring, name unit records are being shipped to)</i>	f) Disposition <i>(shred, 3rd party, delete, recycle, transfer)</i>

NOTE: Prior authorization from the University Records Information Manager and University Approving Official is required before the destruction of official university records. No vendor certificates or other attachments (such as lists of files destroyed) are required.

Approvals			
<i>Use digital or electronic signature to sign form</i>			
By signing below, we certify these official records have met their minimum retention period by law, any audits are completed, and no pending or ongoing litigation or investigation involving these records is known to exist.			
6. University Records Information Manager			
7. Approving Official <i>(unit head/chairperson)</i>			
8. Records Destruction Affirmed By		Date of Destruction	
<i>I hereby certify that the aforementioned records were destroyed in compliance with the Records and Information Management Policy and the approved Records Retention Schedules on</i>			

Email completed form to tpearson@westga.edu