

Certificate of Records Destruction

(Form RIM-01 September 2026)

UNIVERSITY OF WEST GEORGIA

Office of Legal Affairs

Records Information Management Program



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 through 50-18-103.

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 (9 digit)	b) Records Series Title (two line limit per cell)	c) Retention Period	d) Inclusive Dates (mm/dd/yyyy)		e) Notes (If transferring, name unit records are being shipped to)	f) Disposition. (select from the drop down list)

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

Sign and type your name below on the corresponding line.

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	Signature:	Print Name: Tara Pearson (tpearson@westga.edu)			
7. Approving Official (unit head/chairperson)	Signature:	Print Name:			
8. Records Destruction Affirmed By	Signature:	Date of Destruction			
	Print Name:				
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					

Submit the Complete Form

Route the completed form to the University RMO for recordkeeping. When using DocuSign, include the RMO as the final routing step to receive a copy. If routing by email, send the completed form to records@westga.edu.