# Employee Information (Individual Completing Certificate)

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| --- | --- |
| **Name (Printed)**: | **Phone Extension**: |
| **Email Address:** | **Room Number**: |
| **Department/Division:** |  |

# Record Inventory To Destroy

**\* Please attach an itemized listing of records to be destroyed when submitting this Certificate. Exclusion could delay processing.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Records Description** | **Record Series Code**  (from the NEOMED Records Retention Schedule) | **Minimum Retention Period**  (from the NEOMED Records Retention Schedule) | **Last Record Date** | **Number of Folders, Boxes or Items\*** |
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# Verification and Sign-Off

**Department Head/Lead**: Please verify and check below, as appropriate, to certify that the Records Inventory listed meets the following requirements before signing. (Check “N/A” if not applicable)

**Yes N/A**

**All records are older than the Minimum Retention Period indicated on the NEOMED Records Retention Schedule.**

**All required audits have been completed.**

**No pending or ongoing litigation or investigation involving these records is known to exist.**

**All Department/Division accreditation records retention requirements have been fulfilled.**

**All records will be destroyed using the University’s contracted shredding service.**

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| **Department Head/Lead Name (Printed):** | **Department Head/Lead Signature:** |
| **Position Title:** | **Date:** |

The University Records Manager certifies that the records listed above are eligible for destruction based on the information on this form and other information provided by the Department/Division.

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| --- | --- |
| **University Records Manager Name (Printed):** | **University Records Manager Signature:** |
| **Date:** |  |