**DESTRUCTION NOTICE**

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| DEPT. RECORDS  OFFICER REVIEW  Initial:     Date: | DIV. RECORDS  OFFICER REVIEW  Initial:     Date: |  | DE PUBLIC ARCHIVES USE ONLY | | | | | | | | | | |
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| DN # |  | | | | | |  | | | |
|  |  | **Reviewed By:** | |  |  |  |  |  | |  |  |  |
|  | | Initials |  | Date |  | Initials | |  | Date |  |

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| Department: | | |  | | Division: | |  | | |
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| Section: | |  | | | Address: | |  | | | |
|  | | | | | | | | | | | |
| Contact Person: | | | |  | Phone: |  | |  |  | |

DESTRUCTION AUTHORIZATION IS REQUESTED FOR THE FOLLOWING RECORDS:

|  |  |  |  |  |  |  |  |  |  |  |  |
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| To be Destroyed/Discarded by the originating Agency. | | | | Method of Destruction: | | | Shredding  Deletion | | | | |
|  | | | | | | | | | | | |
| To be Destroyed by the Delaware Public Archives. | | | | | | | | | | | |
| Record Group No.: | | |  | | |  | | | | | |
|  | | | | | | | | |  | | |
| **Schedule**  **Series #** | **RECORD TITLE AND DESCRIPTION** | | | **Date Span**  **of Records** | | | **Paper: # of Boxes** | | **Digital: Size in Bytes**  **MB/GB/TB** | **Microfiche**  **and/or**  **Roll Numbers** |
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| **COMMENTS:** |  | | | **TOTAL:** | | |  | |  |  |

**APPROVALS AND CERTIFICATIONS**

Records shall not be destroyed without the authorization of the State Archivist and Records Administrator or their designee. [Title 29 Delaware Code 504(b).](http://delcode.delaware.gov/title29/c005/sc01/index.shtml)

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| --- | --- | --- | --- | --- |
| **I hereby certify that the agency reviewed and submitted the above-described records for destruction in compliance with applicable retention schedules and that the records are not subject to any audit, litigation, litigation hold, subpoena, or FOIA request. I acknowledge the Delaware Public Archives is not responsible for the agency’s request, documents, or certification.**   |  |  |  |  | | --- | --- | --- | --- | | Authorized Signature: |  | Date: |  | |

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| On the basis of the agency’s request and certification I hereby give final approval to destroy the records: | | | |
| State Archivist & Records Administrator AdAdministrator: |  | Date: |  |
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| **DESTRUCTION AT AGENCY** | | | | **DESTRUCTION AT DE PUBLIC ARCHIVES** | | |  |
| I hereby certify that the above described records have been destroyed. (Send copy of this notice to DE Public Archives after destruction.) | | |  | I hereby certify that the above described records have been destroyed. | | | |
|  |  |  |  |  |  |  |  |
| Records Officer/Authorized Agent Signature |  | Date | | Delaware Public Archives Representative |  | Date | |

Version Updated September 2023