**DESTRUCTION NOTICE**

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

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| 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.**

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| 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