



**State of Rhode Island  
Department of State - State Archives & Public Records Administration**

**Certification of Records Destruction**

*In accordance with the authority granted by RI General Law 38, these records have met the legal retention requirements and mandated conditions and are eligible for destruction on date below.*

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Division/Unit:** \_\_\_\_\_

Record Series Number	Record Series Title	Dates From/To	Volume

**Please certify, sign, and submit to records@sos.ri.gov for State agencies or localgov@sos.ri.gov for municipalities:**

**STATE AGENCIES ONLY:**  I certify that none of the above records have ever been to the State Records Center.  
(check one; skip if municipal)  Records have been to the State Records Center and the required box list is attached.

**ALL AGENCIES:**  I certify that I have reviewed the above listed records, for which all conditions have been met, and authorize their destruction.

**Department Head or Records Custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Print Name & Title

**State Archivist & Public Records Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Department of State Signature

**Signed and executed certification is a permanent record (RI General Law § 42-8.1-10).**