



**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:**

Agency Signature

Date: _____

Print Name & Title

**State Archivist & Public
Records Administrator:**

Department of State Signature

Date: _____

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