Print Form

Certificate of Destruction

SSARC 933 (R 11/2010)

Once completed, keep this form with the corresponding approved Authority to Dispose of Records form (SS ARC 930)

1. Name and Address of Agency	
LSU Health Science Center – New Orleans 433 Bolivar Street New Orleans, LA 70112	SECRETARY OF STATE DIVISION OF ARCHIVES RECORDS MANAGEMENT & HISTORY P.O. BOX 94125, Capitol Station Baton Rouge, Louisiana 70804-9125

2. Records Officer and Title

Tara Rodrigue, Administrative and Records Officer

3. Certification of Destruction Statement

I hereby certify that the following records listed below were disposed of by:

☐ Landfill ☐ Recycling ☐ Shredding ☐ Incineration ☐ Maceration ☐ Pulverization ☐ Degaussing

☐ Other: _____

on _____ for the Agency listed in section one above.

_____ _____

Witness (Signature) Witness Name (Printed)

Listing of Records Being Destroyed

Records Series	Inclusive Dates or File Break