

**Certificate of Records Destruction or Surrender**

I, (Signature) \_\_\_\_\_, student records custodian, certify that the following student records were destroyed or surrendered according to the provisions of the *School District General Records Retention Schedules and Records Management Manual*.

Reviewed By: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of District senior student records custodian Date