AUTHORIZATION TO DESTROY RECORDS

1. Submitted Date____/____/____
2. From: _____
   Name: _____
   Title: _____
   Address: _____

To: West Virginia State Archives
1900 Kanawha Blvd. East, Bldg. 9
Charleston, WV 25305-0300
Phone: 304-558-0230

Request for Records Destruction

I certify that I am authorized to act for this governance body in the destruction of its public records and hereby request authorization for destruction of the following records in accordance with the West Virginia *Code* and any applicable general retention schedules. The records listed below meet all audit and legal retention requirements and have no further administrative, fiscal, legal, and historical or research value. I understand that records must not be destroyed until it is approved and signed by the director in number 10.

3.Office holder's signature:	4.Title:	5. Telephone / E-Mail
_____	_____	_____ _____

6. Records Title:	7. Records Retention:	8. Inclusive Dates: From: To:	9. Volume (Cu. Ft.)

Destruction Authorization

10. Destruction of the above listed records is authorized

_____

Director, West Virginia State Archives Date