

Has the purpose of the personal data record(s) relating to the individual been satisfied?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:			
Is there any legal action for which the personal data record(s) should be held?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:			
Are there any claims pending for which the personal data record(s) relating to the individual should be held?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:			
Has the administrative value of the personal data record(s) to the organization been satisfied?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:			
Is there any fiscal value of the personal data record(s) of the individual for which the record(s) should be held?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:			
I hereby certify that the above statements are true and that no record(s) listed, in our opinion, pertain(s) to any pending or foreseeable case, claim, or action for which the statute of limitation has not run out.			
GOVERNMENT AUTHORIZATION	RECORDS CUSTODIAN <i>(type or print)</i> :	RECORDS CUSTODIAN SIGNATURE:	DATE SIGNED:
	HEAD OF MUNICIPALITY <i>(type or print)</i> :	HEAD OF MUNICIPALITY SIGNATURE:	DATE SIGNED:
EDUCATION AUTHORIZATION	SUPERINTENDENT OF SCHOOLS <i>(type or print)</i> :	SUPERINTENDENT OF SCHOOLS SIGNATURE:	DATE SIGNED:
OFFICE USE ONLY			
AUTHORIZATION EXCEPTIONS:			
PUBLIC RECORDS AUTHORIZATION	APPROVED (Signature of State Archivist):	DATE SIGNED:	
	APPROVED (Signature of Public Records Administrator):	DATE SIGNED:	