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| **Records Retention Certification**  | **Revised: February 17, 2010** |

**Fiscal Year Ended August 31,**

To the best of my knowledge for the division/department for which I am responsible, I certify the following, except what has been previously reported during the fiscal year to the TFS Records Officer:

1. The Records Retention Schedule for each administrative unit within my division/department lists all records series maintained by the administrative unit, and the schedule has been approved by the Records Officer.
2. My division/department has complied with the records management requirements (including retention and disposal) contained in Administrative Procedure 01.05.

Division/Department:

Name:

Title:

Signature: Date: