

**State of Rhode Island
Rhode Island State Archives & Public Records Administration**

CERTIFICATION OF RECORDS DESTRUCTION

In accordance with the Authority granted by Title 38 of the Rhode Island General Laws these records have met the legal retention requirements and mandated conditions and are eligible for destruction on date below.

Department: Chariho Regional School District
Division/Unit: Business Office

Date: 09/13/2022

Record Series Number	Record Series Title	Dates from/to	Volume	Conditions Met	
LG2.1.1	Accounts Payable Records	FY 2014-15 ✓	6 @ 2.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG5.1.40	Student Special Education Records-504s only	Birthdays prior to 2017 DOB 1999 and prior ✓	3 @ 2.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG15.2.1	Employee Benefit Plans-Delta Dental Claims	FY 2013-2014 ✓	2 @ 2.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG5.1.33	Students' Free and Reduced Lunch Applications	FY 16-20 ✓	3 @ 1.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG2.8.1 5.8.28	Criminal Background Check files	FY 18-19 ✓	2 @ 1.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG5.1.26 (b)	Student Registrations-Registration applications	FY 15-16 FY 16-17 FY 17-18 FY 18-19 ✓	4 @ 1.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG5.6.9	Student passenger list and service request-Bus stop changes for pick-ups and drop offs	FY14-15 FY15-16 FY16-17 ✓	1 @ 1.2 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG2.8.10 (a)(b)	Absence from duty internal forms/report	FY06-07 ✓	1 @ 1.2 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG2.8.1	Lunch Fund Bank Statements and Counter Receipts	FY10-11 FY11-12 FY13-14 FY14-15 ✓	4 @ 1.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
LG2.1.8	Monthly Revenue Report-Revenue Receipts	FY 93-94 ✓	1 @ 1.5 cu. ft.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
				YES <input type="checkbox"/>	N/A <input type="checkbox"/>

**Please sign this certificate and return to the RI State Archives and Public Records Administration.
If faxing, please provide a return fax number.**

I certify that I have reviewed the above listed records and authorize their destruction.

Department Head or Records Custodian: _____

Signature

Date: 10/18/22

Print Name & Title

Ned Draper - Director of Administration and Finance

State Archivist & Public Records Administrator: _____

Date: 10/25/2022

Signed and executed Certificate is a permanent record (R.I. Gen. Laws §42-8.1-10)