

**ATHENS COUNTY RECORDS  
SHREDDING CERTIFICATION FORM**

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Department/Person Requesting

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Date of Request

Are any records confidential? (Account numbers, names, addresses, etc.)      Yes      No

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Records requesting to be shredded

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Signature of Responsible Employee/Official

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**Records Center Use Only:**

**FORM A-6**

Request approved?      Yes      No

If not approved, please explain reason(s):

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Date(s) Records Shredded

Staff Member(s) Leading Shred

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Records Department Signature

Date