

**RECORDS REMOVAL CERTIFICATION**

1. NAME: \_\_\_\_\_

2. Line/Staff Office, Division, Address:  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you removing any non-record documents (paper or electronic media) from the Agency?

[  ] Yes            Go to #4 – read, sign and date at #5

[  ] No                Go to #7, and sign and date at #8

4. I certify that the documents that I am removing from NOAA have been reviewed and approved for removal. They do not include any documents that would impose substantial handicaps on the efficient, continued functioning of an office or of the successors on an officer or employees; diminish the records or other documentary information needed for the official business of the Agency; violate the confidentiality required by national security, privacy, or other interest protected by law, or exceed normal administrative economies. These documents are briefly described in the attachment.

Non-Disclosure Agreement:

I agree to keep all nonpublic materials absolutely confidential and will not disclose their contents or existence without prior permission from the appropriate Agency Official.

\_\_\_\_\_  
5. Signature of Employee, Senior Official or Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
6. Signature of the Reviewing Official

\_\_\_\_\_  
Date

7. By my signature in item #8, I certify that I am not removing any documents from NOAA.

\_\_\_\_\_  
8. Signature of Employee, Senior Official or Contractor

\_\_\_\_\_  
Date