

# Certificate of Compliance

## DATA PROCESSING STANDARDS for Public Records

Signed certificate should be sent to:

**Connecticut State Library  
Office of the Public Records  
Administrator  
231 Capitol Avenue  
Hartford, CT 06106**

We certify that we will meet the retention requirements established by the Office of the Public Records Administrator in *State Agencies' Retention Schedule S7: Information Technology Records*.

No record(s) will be destroyed which, in our opinion, pertain to any pending case, claim, or action.

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Agency Name / Section

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Agency Address

**Agency Records Management Liaison Officer (RMLO)**

\_\_\_\_\_  
Name (*type or print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Information Technology Manager**

\_\_\_\_\_  
Name (*type or print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*When agencies have more than one data processing section, **each** Section IT Manager must present a separate certificate (if agency does not have an IT Manager, the form need only be signed by the RMLO).

**Approved by Public Records Administrator**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVED  
CERTIFICATE WILL BE  
RETURNED TO AGENCY