

SAVES Program

Skills for Academic Vocational and English Studies

STATEMENT FOR SHREDDING DCF/SAVES/MDCPS FILES

I, _____ (print name), an authorized representative of the Skills for Academic, Vocational, and English Studies (SAVES) Program, state that:

1. The shredded files were not connected to an existing, active contract with the Department of Children and Families (DCF), Refugee Services Program.
2. The files were six (6) years or older (**after the end of SAVES Contract Year in which the student withdrew**).
3. I am an employee of Miami-Dade County Public Schools (M-DCPS) and the SAVES Program.
4. I witnessed the shredding.

Signature

Date

Title /Position

School Name

School Address

Phone Number

Trimester(s)/Years(s)

Number of Folders Shredded

Please send via email a copy of this signed document to the SAVES District Office, along with the names of clients, ID and alien numbers to: Attention Dr. Felicia Gil, and Dr. Valmarie Rhoden, or fax it to: (305) 823-5021.

Include additional information here, if needed:

