

# 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 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

\_\_\_\_\_  
Administrator's Signature/Title

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Trimester(s)/Years(s)

\_\_\_\_\_  
Number of Folders Shredded

**Please send 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, Mail Code #7132, or fax it to: (305) 823-5021.**

Include additional information here, if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

