



FEDERAL HOUSING FINANCE AGENCY

FHFA Form #044
(11/2012)

Records and Information Management Exit Clearance Form

NAME (Last, First, MI) Employee/Contractor Personnel	POSITION TITLE	NAME (Last, First, MI) Supervisor/Contracting Officer Rep. (COR)		DEPARTURE DATE MM DD YY / /
	OFFICE	TITLE	OFFICE	

Instructions: Must complete Sections 1 and 2, AND complete EITHER Section 3 or 4.

Section 1: Completion of Records Management Responsibilities

I certify that the following records management responsibilities have been completed:

1. All FHFA records (paper and electronic) under my control have been turned over to my supervisor/COR or another employee as designated by my supervisor/COR;
2. All personal email messages, including personal archives have been deleted from MS Outlook; and
3. All personal documents have been deleted from personal, shared, and network drives.

Employee/Contractor Personnel Signature: _____ Date: _____
 Supervisor/COR (or Designee) Signature: _____ Date: _____

Section 2: Certification of Non-Removal of Records

I certify that I am **not** removing any paper or electronic agency records from FHFA.

Employee/Contractor Personnel Signature: _____ Date: _____
 Supervisor/COR (or Designee) Signature: _____ Date: _____

Section 3: Certification of Non-Removal of Nonrecords

I certify that I am **not** removing any paper or electronic agency nonrecords from FHFA.

Employee/Contractor Personnel Signature: _____ Date: _____
 Supervisor/COR (or Designee) Signature: _____ Date: _____

Section 4: Certification of Removal of Nonrecords

I certify that the nonrecords (paper or electronic) that I am requesting permission to remove, do not contain any non-public information or program information that, if released, would impair or prejudice the outcome of any proceeding or government policy deliberations, decisions, or actions. Taking these nonrecords does not create a gap in the official files. These nonrecords are not indexes or finding aids necessary to use efficiently FHFA official files. The nonrecords I am removing from FHFA have been reviewed and approved for removal by my supervisor/COR, and the General Counsel or a designee from the Office of General Counsel (OGC), *if my supervisor/COR or the Records Officer has determined that OGC review and approval is required. A list of the hard copy documents and/or a DVD of the electronic documents I am requesting to remove is/are attached.*

Employee/Contractor Personnel Signature: _____ Date: _____
 Supervisor/COR (or Designee) Signature: _____ Date: _____
 General Counsel (or Designee) Signature: _____ Date: _____

Records and Information Management Section

Records Officer (or Designee) Signature: _____ Date: _____