

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.
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 a copy of this signed document to the SAVES District Office, along with the names of clients, ID and alien numbers to: Attention Ms. Maria Miranda, Mail Code #8001, or fax it to: (305) 548-3789.

Include additional information here, if needed:

