

FEDERAL HOUSING FINANCE AGENCY

FHFA Form #044 (11/2012)

Records and Information Management Exit Clearance Form

NAME (Last, First, MI)	POSITION TITLE		NAME (Last, First, MI)	
Employee/Contractor Personnel		Supervisor/Cont	racting Officer Rep. (COR)	DATE
	OFFICE	TITLE	OFFICE	MM DD YY
				/ /
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	s management responsibilities	have been completed:		
employee as designated b 2. All personal email messa;	and electronic) under my compy my supervisor/COR; ges, including personal archivate been deleted from personal	es have been deleted f	From MS Outlook; and	R or another
Employee/Contractor Personnel Signature:			Date:	
Supervisor/COR (or Designee) Signature:			Date:	
Section 2: Certification of Non-Removal of Records				
I certify that I am <i>not</i> removing any paper or electronic agency records from FHFA.				
Employee/Contractor Personnel Signature:			Date:	
Supervisor/COR (or Designee) Signature:			Date:	
Section 3: <u>Certification of Non-Removal of Nonrecords</u>				
I certify that I am <i>not</i> removing any paper or electronic agency nonrecords from FHFA.				
Employee/Contractor Personnel Signature:			Date:	
Supervisor/COR (or Designee) Signature:			Date:	
Section 4: <u>Certification of Removal of Nonrecords</u>				
I certify that the nonrecords (pape information or program informatio policy deliberations, decisions, or are not indexes or finding aids necessary been reviewed and approved for regeneral Counsel (OGC), if my suprequired. A list of the hard copy attached.	on that, if released, would imp actions. Taking these nonrece cessary to use efficiently FHFA emoval by my supervisor/COF pervisor/COR or the Records (pair or prejudice the out ords does not create a gas A official files. The not R, and the General Con Officer has determined	atcome of any proceeding of gap in the official files. To onrecords I am removing the unsel or a designee from the data of that OGC review and approximately and approximately that of the control of the	or government hese nonrecords from FHFA have ne Office of proval is
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:	·