

**CUSTODIAN OF RECORDS CERTIFICATION/AFFIDAVIT**

I am over the age of 18 and dully authorized custodian of records for:

I have the authority to certify the records pertaining to:

Records of :  
DOB :  
SSN :

**A) CERTIFICATION OF RECORDS/MATERIALS:**

The records provided to \_\_\_\_\_ are true and complete copies of all records requested. No documents have been withheld in order to avoid their being copied. To the best of my knowledge, all such records were prepared or complied with by personnel of our office or given to personnel of \_\_\_\_\_ to be copied in the ordinary course of business, at or near the time of the acts, conditions or events recorded.

**B) AFFIDAVIT OF NO RECORDS/MATERIALS,(and the following applies):**

A thorough search of our files, carried out under my direction using the specific information provided in your request revealed no documents, records or other materials or images. It is to be understood that this does not mean that records do not exist under another spelling, name, or other classification.

All records as described in your request were destroyed/purged in accordance with your document retention policy. Records are maintained for \_\_\_\_\_years.

All records named in your request were lost, stolen or damaged beyond repair.

Other \_\_\_\_\_.

**I declare under penalty or perjury that the forgoing is true and correct:**

\_\_\_\_\_  
Custodian Name (Print)

\_\_\_\_\_  
Signature of Custodian of Records

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

**\*\*\*\*\*MED-R office Use Only\*\*\*\*\***

**These documents have been prepared by a representative of MED-R and by signing below I declare the attached are true and complete copies of the documents provided by the Custodian.**

\_\_\_\_\_  
MED-R Representative

\_\_\_\_\_  
Date