



## Records Management Certificate of Destruction

This form is used to identify records that your department has for destruction. Please fill out and send this original form, with the appropriate record destruction schedule for your department, to Yvonne Rigby (yrigby@bmcc.cuny.edu). Once approved, Reprographics will facilitate the destruction of the indicated records and a signed copy of this form will be returned to you.

### Department:

Item # as per Schedule	Record Series Title	Retention as per Schedule	Date Eligible for Destruction	Date Range of Docs to be Destroyed	Description of Docs to be Destroyed	Number of Boxes	Destruction Date <small>(Completed by Reprographics)</small>	Destroyed By <small>(Completed by Reprographics)</small>

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head: \_\_\_\_\_

Date: \_\_\_\_\_

Division VP: \_\_\_\_\_

Date: \_\_\_\_\_