



## Records Management Certificate of Destruction

The following indicates records that your department has identified for destruction. Please forward this original form to your Division Vice President for approval. A signed copy of this form will be returned to you to indicate that the records may be destroyed. For the record retention schedule <https://policy.cuny.edu/schedule>

### Department:

Item # as per Schedule	Record Series Title	Retention as per Schedule	Date Eligible for Destruction	Date Range of Docs t/b Destroyed	Description of Docs t/b Destroyed	Dispose Date	Disposed By	Box Number

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

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

Department Liaison: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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