



Records Management Certificate of Destruction

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

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: _____

Executive Legal Counsel: _____

Date: _____