



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 *Records Retention Item 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.

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:	# of Boxes

Department Liaison: _____

Date: _____

Executive Legal Counsel: _____

Date: _____

Records Destruction: _____

Date: _____

Total Boxes: _____